

Surgical/General Anesthetic Consent Form

OWNERS NAME: _____

PATIENT NAME: _____

PROCEDURE: _____

Your pet is having a procedure that will require anesthesia. The safety of anesthesia has increased substantially with new technology and anesthetic agents. It is, however, never trivial or routine.

I, _____ as owner or duly authorized agent of the animal described about, hereby consent to having my animal anesthetized for this surgical procedure. To the best of my knowledge and belief this animal is in good health.

If there are any existing medical problems, or concerns (ie. heart murmur, renal failure etc.) please list here so proper precautions can be made.

Please ask an assistant if you have any questions or need further information regarding this procedure.

Full payment is expected at time of surgical discharge of your pet. If you have not received an estimate, one may be given at your request.

Method of payment: (circle one) Check Cash Visa/Mastercard/Discover

Signature _____ Date _____

You may reach me before noon today at phone# _____