

SURGERY/ANESTHESIA CONSENT FORM

OWNER'S NAME _____ PET'S NAME _____

PROCEDURE _____ DATE _____

Please take a few minutes to answer and update us on your pet's general condition and to inform us of any possible problems that we may encounter today.

1. Have you fed your pet today? (Day of surgery) Yes No
2. Has your pet been unwell in the last week (i.e. vomiting, diarrhea, sneezing, coughing etc)? Yes No
Please explain if yes _____
3. Does your pet have any past or present major illnesses or conditions? Yes No
Please circle conditions that apply: Seizures Diabetes Heart Disease Kidney Disease
Breathing problems Bleeding Disorders Other _____
4. Is your pet currently on any medications? Yes No
Please list medications _____
5. Has your pet had any previous anesthetic reactions? Yes No
Please explain if yes _____
6. Has your pet had any previous vaccine reactions? Yes No
Please explain if yes _____
7. Do you think you pet might need any post surgical sedation? Yes No
In general, your pet needs to stay quiet for 5-7 days after the surgery. This means no running, jumping, excessive playing etc, especially with other animals.

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby consent and authorize Parkcrest Veterinary Hospital to perform the procedures(s) listed above plus any and all services incidental thereto.

The undersigned acknowledges that during the performance of the above procedures(s) or operation(s) unforeseen conditions may be revealed, develop, or occur that will necessitate the extension of the original procedure or operation, or different procedure or operation other than that set forth above. Therefore, I consent to and authorize the performance of such procedures(s) or operations(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

The undersigned understands that all anesthesia and surgery involves some minimal risk to the pet and acknowledges that no guarantees have been made as to the result and regardless of results, the undersigned will remain fully responsible for the costs of all services provided by the Parkcrest Veterinary Hospital.

OWNER OF ANIMAL OR AUTHORIZED AGENT _____

DATE _____