



Owner's name: _____ Phone: _____

Patient's name: _____ Species: _____ Breed: _____

Chip/Tattoo/Tag: _____ Age/DOB: _____ Sex: F M N S Date: ____/____/____

Time: ____:____

Procedure: _____ Elective: ____ Non-elective: ____

____ Emergency: ____

MY PET (X if yes)

____ Has fasted since midnight previous to surgery.

____ Is up to date on core vaccines.

____ Does not have external parasites.

____ Has a pre-existing condition: _____

____ Is showing symptoms of disease: _____

____ Is allergic to: _____

____ Had a previous surgery for _____

____ Is on treatment with _____

INITIAL:

____ I acknowledge that _____ provided me with ample information and answered my questions about the procedure to be performed.

____ I acknowledge that during and/or after the surgery my pet can develop the following complications: _____

____ I acknowledge that managing the above mentioned complications can imply some extra charges.

____ I authorize the following ancillary tests to be performed on my pet: _____

I UNDERSTAND THAT ANY ANESTHETIC AND/OR SURGICAL PROCEDURE ALWAYS CARRIES SOME RISK. I AGREE THAT I WILL NOT HOLD THE DOCTOR OR HIS ASSISTANT'S LIABLE FOR ANY DAMAGE SUSTAINED BY MY PET IN CONNECTION WITH THE PROCEDURE AND THE RECOVERY PERIOD. I DISCUSSED ANY QUESTION OR CONCERN THAT I HAD WITH MY VETERINARIAN BEFORE THE PROCEDURE. I ACKNOWLEDGE THAT THE VETERINARIAN AND HIS/HER PERSONNEL ARE ACTING IN GOOD FAITH. I GRANT MY FULL CONSENT FOR THIS PROCEDURE. I AGREE TO PAY IN FULL FOR THE SERVICES RENDERED.

OWNER SIGNATURE

DATE _____