



SURGICAL/ANESTHESIA CONSENT FORM

CLIENT NAME: _____ PATIENT NAME: _____ DATE: _____

TIME OF LAST MEAL: _____ Please list items left with your pet: _____

List all medication(s) your pet is on: _____ Last doses given (time): _____

I authorize Park Veterinary Hospital to perform the following procedure(s) on my pet:

- | | |
|---|---|
| Sedation Procedure | Microchip Placement |
| Anesthesia | Hip Radiograph (under sedation or anesthesia) |
| Surgical Mass Removal/Biopsy | Radiographs (may need sedation or anesthesia) |
| Dental Procedure (Cleaning, X-Rays, +/-Sanos) | Ultrasound: Cardiac Abdomen |
| Extractions expected | Vaccines (Please List) _____ |
| Spay / Neuter | Labwork (Please List) _____ |
| De-Claw (Front Claws Only) | Other Procedure (Specify) _____ |

****PLEASE NOTE: Pets having surgery, ultrasound, or an IV catheter will have fur shaved at corresponding sites.**

The appropriate anesthesia and pain relief medication will be administered as needed before and/or after the procedure. I realize that there are risks associated with anesthesia and these drugs. I understand that there are certain risks and complications associated with any operation or procedure.

I understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of life-saving procedures at additional cost. _____ (initial)

I understand that during the course of the operations or procedures, unforeseen conditions may arise, but I do not want life-saving procedures performed. _____ (initial)

I, _____ can be reached at _____ OR _____

or, _____ can be reached at _____ OR _____

Please select one of the following:

(initial) I authorize Park Vet Hospital to perform any recommended dental x-rays, extractions, minor oral, or non-oral surgery not listed on estimate **WITHOUT** contacting me first, with **NO LIMIT** to the dollar amount above my estimate.

(initial) I authorize Park Vet Hospital to perform any recommended dental x-rays, extractions, minor oral, or non-oral surgery not listed on estimate **WITHOUT** contacting me first, up to an amount of \$_____ above my estimate.

(initial) Please contact me to discuss additional recommended procedures, **BUT** if I am unable to be reached at the contact info provided, please do whatever is necessary to avoid a second anesthetic procedure, with **NO LIMIT** to the dollar amount above my estimate.

(initial) Please contact me to discuss additional recommended procedures, **BUT** if I am unable to be reached at the contact info provided, please do whatever is necessary to avoid a second anesthetic procedure, up to a total amount of \$_____ above my estimate.

(initial) Please contact me to discuss additional recommended procedures, and if I am unable to be reached at the contact info provided, please do **NOT** perform any additional procedure that has not been previously discussed. I understand that this may result in the need for a second anesthetic procedure with associated costs.

Please contact me AFTER surgery Yes No Would you prefer: Call Text Email: _____

I would like to pick up my pet at (date/time): _____ and understand that payment is due at time of service.

PRINT NAME: _____ SIGNATURE: _____

Checked-in by: _____ Time: _____