

ANESTHESIA/SURGERY CONSENT FORM

Medical Alerts:	<u> <animal-alert> </u>	Allergy:	<u> <allergy> </u>
Date:	<u> <date> </u>	Pet's Name:	<u> <animal> </u>
Owner:	<u> <first-name> <last-name> </u>	Species:	<u> <species> </u>
Address:	<u> <address> </u>	Weight:	<u> <weight> </u>
	<u> <city> , <st> , <zip> </u>	Sex:	<u> <sex-name> </u>
Telephone Number:	<u> <area> <phone> </u>	Age:	<u> <age-name> </u>
		Breed:	<u> <breed> </u>
		Color:	<u> <color> </u>

I am the owner or the agent for the owner of the patient described above, and I have the authority to execute this consent.

I hereby consent and authorize the doctors and staff of Green Cove Animal Hospital to perform the following procedures on <animal>:

Procedure: <appt-notes>

RISKS/Additional TX: The nature of this operation and/or procedure has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation and/or procedure of this type including/not limited to death of the patient. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I understand that under the guidance of a veterinarian, hospital medical staff will be used as deemed necessary to aid in <animal>'s care.

When was the last time <animal> ate? _____

What is the best number to reach you during or after the procedure? _____

We will call you when <animal> is in recovery and establish a discharge time during that phone call.

What medications did <animal> have administered in the last week (name, dosage, and last given?)

Would you like an E-Collar to be sent home with <animal>? (prices on these vary by size) _____

Concerns/special requests:

Owner's Name: <first-name> <last-name> **Owner's Signature:** _____

Admitting Technician Name: _____ **Date:** _____