



ANIMAL CARE CENTER

MEDICINE • SURGERY • GROOMING • BOARDING

SURGERY CONSENT FORM

Pet Name: _____ Owner Name: _____

Surgical/Dental (please write in your pet's procedure and circle yes or no)

Procedure: _____

Prior to anesthesia I would like for my pet to receive:

Pre-surgical screen: **Yes No**

(abbreviated blood testing recommended for animals 0-6 years)

Complete work-up: **Yes No**

(blood panel, x-rays, and urine testing recommended for pets 7+ years)

I would like my pet to receive a microchip while under anesthesia: **Yes No**

Consent

I am the owner or agent for the above described animal and have the authority to execute consent and authorization for treatment.

I understand that during the performance of procedures, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure, or even different procedures than those set forth previously. I hereby consent and authorize the performance of such procedures as necessary in the veterinarian's opinion. I have been advised of the procedure, as well as the risks involved, and also realize that results cannot be guaranteed.

I additionally authorize the use of appropriate anesthesia, administration of medication, and I understand that hospital staff will be utilized as deemed necessary by the veterinarian.

I agree with Animal Care Center's consent terms and give my permission for treatment, grooming, and/or boarding:

Signature: _____

Contact Number: _____