



Surgery/Anesthesia Consent

Requested Surgery or Procedure(s): _____

Name of Pet: _____

Last meal that was given to pet(time): _____

Is your pet on any medications Yes / No if yes, time given: _____

Additional Procedure(s)

Pre-Op Blood Work: (Required on all pets 6yrs or older) Yes / No

Surgical Fluids: (Required on all pets 6yrs or older) Yes / No

Microchip: Yes / No

Vaccinations: Yes / No

Heartworm Test: Yes / No

I, verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia, even in apparently healthy animal and have discussed my concern with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I agree to be responsible for any charges incurred while my pet in in the care of Yellow Dog Veterinary Clinic and understand that payment is due at the time my pet is released for the clinic. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24-hour hospital).

Signature

Date

