

Veterinary Surgery & Anesthesia Consent Form

Authorization for Procedure, Risks, and Perioperative Care — Please complete all sections to provide informed consent for your pet's veterinary procedure.

Owner Information

Please provide your complete contact details as the responsible owner or agent.

Full Name *

First Name

Last Name

Primary Phone Number *

Please enter a valid phone number.

Alternate Phone Number

Please enter a valid phone number.

Email Address *

example@example.com

Date of Consent *

Month

Day

Year

Patient Information

Provide accurate details about your pet for identification and medical records.

Pet Name *

Species *

Dog

Cat

Other

Breed *

Age (years) *

Sex *

Male

Female

Unknown

Color/Markings *

Microchip Number (if applicable)

Procedure Authorization

Describe the procedure(s) for which you are providing consent.

Primary Procedure Description *

Additional Procedures (select all that apply)

- Dental Cleaning
- Mass Removal
- Biopsy
- Radiographs/X-rays
- Other

Has your pet been fasted (no food/water as instructed)? *

- Yes
- No

Has your pet experienced any recent illness, vomiting, diarrhea, coughing, or changes in health? *

- Yes
- No

If yes, please describe the recent illness or symptoms:

Pre-Anesthetic Bloodwork

Bloodwork helps assess your pet's health prior to anesthesia.

Do you authorize pre-anesthetic bloodwork for your pet? *

- Yes, I authorize pre-anesthetic bloodwork.
- No, I decline pre-anesthetic bloodwork and accept associated risks.

I understand that declining bloodwork may increase anesthesia-related risks and accept full responsibility. *

- I have read and understand the risks associated with declining bloodwork.

Risks of Anesthesia & Surgery

Please read and acknowledge the following potential risks associated with anesthesia and surgical procedures.

Potential Risks (select all you acknowledge) *

- Allergic reaction to drugs or materials
- Anesthetic complications (including cardiac or respiratory arrest)
- Bleeding or blood loss
- Infection
- Pain or discomfort
- Unexpected findings or complications
- Death
- Other

I acknowledge and accept the risks outlined above. *

- I acknowledge and accept the risks of anesthesia and surgery.

CPR/DNR Directive

Please indicate your wishes in the event of cardiac or respiratory arrest during the procedure.

In the event of cardiac or respiratory arrest, I authorize: *

- CPR (resuscitation) to be performed
- DNR (Do Not Resuscitate) — no resuscitation

Pain Management & Additional Treatments

Select all treatments you authorize for your pet's comfort and recovery.

I authorize the following for my pet (select all that apply): *

- Pain medications as needed
- Antibiotics as needed
- Intravenous fluids
- Other treatments deemed necessary by the veterinarian

Please list any limitations or preferences regarding pain management or treatments:

Belongings & Identification

List any personal belongings left with your pet.

Are any personal belongings being left with your pet? *

- No belongings left
 Yes, belongings provided

If yes, please list belongings and describe identification:

Financial Authorization

Please acknowledge your understanding of financial responsibility.

Financial Authorization (select all to acknowledge): *

- I accept financial responsibility for all services provided.
 I understand that an estimate is not a guarantee of final costs.
 I agree to pay for additional treatments deemed necessary for my pet's health.

Post-Operative Care & Discharge Instructions

Acknowledge your responsibility to follow post-operative care instructions.

I acknowledge the following (select all to acknowledge): *

- I will follow all post-operative care and discharge instructions.
 I understand the importance of monitoring my pet after discharge.

Acknowledgments

Please confirm your understanding and agreement with the statements below.

Agreement (select all to acknowledge): *

- I have had the opportunity to ask questions and have received satisfactory answers.
- I understand the nature and purpose of the procedures described.
- I am the owner/agent for the pet and have authority to consent.

Signature Section

Please sign and provide the required information to complete this consent.

Printed Name of Owner/Agent *

Date Signed *

Month Day Year

Staff/Witness Name (if applicable)