

My Vet Animal Clinic

13 E. 2nd Street
Eureka, MO 63025
(636) 938-3239

Anesthesia / Surgical Consent Form

Client Name	
Address	
Phone Number	
Patient Name	
Patient Breed	
Patient Sex	
Patient Age	
Patient Color	

Anesthetic/Surgical Procedure(s) to be performed: <i>Please indicate any and all requests: e.g. neuter, dental cleaning and mass removal (specify location), dental extractions, microchipping, etc.</i>	
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I, the undersigned owner or agent of the pet identified above, authorize the staff of My Vet Animal Clinic to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. Dental procedures may warrant tooth extractions.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.

I give my permission [yes]: I do not give my permission [no]:

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner:

Date:

Phone number(s) at which owner can be reached today or tomorrow: