



Surgery and General Anesthesia Consent

Date _____ Owner _____ Pet's Name _____

Procedure(s) to be done today _____

Phone number(s) where you can be reached today _____

Last possible time your pet may have eaten _____

Current medication (including allergy medication, heartworm prevention, flea/tick prevention, etc):

Does your pet have any of the following problems? (Please check all that apply): Vomiting _____ Diarrhea _____

Coughing _____ Sneezing _____ Seizures _____ Change in appetite _____ Change in water consumption _____

Other _____

For your pet's protection, we require that all animals be current on their vaccinations before hospitalization.

➤ I authorize sending a mass to the diagnostic lab for interpretation (if appropriate): _____ <<

A **microchip**, the size of a grain of rice, is a form of permanent identification implanted under your pet's skin. 1 in 3 pets goes missing during its lifetime. Without proper identification many never return home.

○ **AKC Reunite Microchip** (with lifetime registration) \$ 56.35 Yes ___ No ___

- As the owner or agent of the pet listed above, I authorize the veterinarians of Best Friends Animal Clinic to perform the above described procedure(s). _____ <<
- I consent to the administration of anesthetic agents, sedatives and other medications and supportive care before, during and after my pet's procedure, as deemed necessary by the attending veterinarian. _____ <<
- While Best Friends Animal Clinic provides the highest standard of anesthesia monitoring and surgical services, I understand that some risks always exist with anesthesia and/or surgery. I acknowledge these risks and that the veterinarians and hospital staff will try to minimize such risks. I will not hold Best Friends Animal Clinic, the veterinarians or any staff member liable for any complications that may arise. _____ <<
- In the event of an emergency, I authorize Best Friends Animal Clinic to perform any additional diagnostics, treatment or surgical procedure(s) deemed necessary for my pet. _____ <<
- I assume financial responsibility for any and all charges incurred and agree to pay all such charges, in full, at the time of release of my pet. _____ <<

Signature _____ Date _____