

# Veterinary Surgical Consent Form

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Surgical Procedure: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Time: \_\_\_\_\_ Owners Number: \_\_\_\_\_

## My Pet...

- Has not eaten since midnight of the night before surgery
- Does not have fleas, ticks, or mites
- Is up to date on vaccines
- Does not have heartworms or feline leukemia

Has your pet ever had problems linked to surgical procedures (seizures, diarrhea, vomiting, etc.)?

No Yes: \_\_\_\_\_

Is your pet taking any medications? If yes when did it get them last?

No Yes: \_\_\_\_\_: \_\_\_\_\_: \_\_\_\_\_

Does your pet have any allergies?

No Yes: \_\_\_\_\_

An Elizabethan collar is available for a small price to keep your pet from reopening the site. Would you like to as it to the cost?

No Yes

Would you like the doctor to microchip your pet during the procedure?

No Yes

I understand that any anesthesia involves some risk to my pet and I agree that I will not hold the assistants or doctors liable or responsible in any manner for the injury, escape or death of my pet in connection with the procedure. I will discuss any questions or concerns that I have with my veterinarian before the procedure. I grant my consent for this procedure. I agree to pay full for the services rendered.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies.

In the event of an emergency, I select the following resuscitation option:

- I give permission for life sustaining procedures-CPR (CARDIOPULMONARY RESUSCITATION)
- I do not give permission for life sustaining procedures- DNR (DO NOT RESUSITATE)

\_\_\_\_\_  
Signature

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Date

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