

Veterinary Surgical Consent

ABC Veterinary Hospital

787 College Street, Atlanta, GA, 30340

123-1234567 - info@abcvethospital.com

Pet Information

Name of the Pet:

Age:

Date of Birth:

Weight:

Breed:

Microchip Number:

Owner Information

Name:

Phone Number:

Email Address:

Address:

Surgery Information

Surgical Procedure:

Date of Surgery:

Allergies (If Any):

Current Medications:

When is the last time the pet eat or drink?

Authorization and Consent

I, _____, the owner of the pet identified above, was informed in detail about the health status of my pet, surgery procedure and the medical interventions to be applied.

The nature and risks of the anesthesia and sedation have been explained to me. I understand the nature of the procedures/surgeries and the risks involved. I realize that the results cannot be guaranteed. I hereby authorize the use of such anesthetics as the veterinarian deems advisable and the performance of such surgical or therapeutic procedures as the veterinarian determines to be indicated.

I have been informed about the all expenses about the surgery and medical treatment and I undertake to pay all the expenses at the date of the discharge of my pet.

Also, I authorize **ABC Veterinary Hospital** to perform any additional medical treatment deemed necessary for any medical complications and unforeseen circumstances. I also assume full responsibility for the treatment expense involved.

Signatures

By signing below, the owner confirms the authorization and consent stated above.

For the Owner

Name:

Date: