

Consent For Surgery

Date: _____

Pet Owner: _____

Address: _____

City/State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Pet's Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Weight: _____

I am responsible for the above described animal and have the ability to give you my permission to receive, prescribe for, treat and/or operate upon my pet. I understand that all animals receive a nail trim and may be given a 24 hour flea prevention at my cost if fleas are present. I understand that there is blood work available on every pet before anesthesia but it is optional. I will be responsible for any complications that arise that could have been prevented with bloodwork.

I acknowledge that the surgery or treatment contemplated is:

It is understood that all reasonable precautions against injury, escape, or death of my pet will be used, but Elm Grove Animal Hospital will not be held liable or responsible in any manner in connection therewith as it is implicit that I assume all risks.

If the pet is picked up early against medical advice, before they are ambulatory, the owner is responsible for all problems after pickup.

After carefully reading the above, I have signed an agreement.

_____ I understand that any surgical price given to me before surgery is an estimate and may change once the procedures begin as complications may arise.

_____ I waive pre surgical bloodwork.

_____ I understand that the doctor is here only one day a week.

_____ I agree to contact an emergency vet facility if there are any problems when the doctor is not at the facility.

_____ I was given a list of emergency veterinary facilities.

Owner or Responsible Party