

Date of Surgery: _____

**THE PET VET ON PATTON
ANIMAL HOSPITAL
SURGICAL CONSENT FORM**

OWNER NAME: _____

PET NAME: _____

PROCEDURE: _____

PHONE NUMBER FOR TODAY: _____

CELL PHONE NUMBER: _____

Would you like us to send you a text picture of your pet after the procedure today? _____

Is there anything else you would like us to do for you today? _____

Would you like to have your pet micro-chipped while under anesthesia? (\$55.00) _____

Would you like your pet to have a post surgical, therapeutic laser treatment to promote healing and reduce pain? (\$25.00) _____

I authorize The Pet Vet on Patton Animal Hospital to perform the above procedures, as well as additional diagnostic, therapeutic, or surgical procedures as deemed necessary by the veterinarian should unforeseen conditions or complications be revealed. I understand that hospital support personnel will be involved in my pet's care.

The nature of the procedures(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that risks exist for any anesthetic or surgical procedure.

If the doctor finds that additional, *non-emergency* procedures are needed for my pet today: **(PLEASE MARK THE ONE OPTION THAT BEST DESCRIBES YOUR WISHES)**

___ Proceed with any treatment needed, including dental X-Rays, oral surgery or teeth extractions, or medications administered in hospital or sent home. I understand additional costs will be involved.

___ Do not perform any additional procedures, besides those previously discussed. I understand that my pet may need to be re-anesthetized at my expense in order to perform the additional procedures in the future.

I UNDERSTAND PAYMENT IS REQUIRED ON THE DAY SERVICES ARE PROVIDED.

I hereby certify that I am the owner or agent for the above named pet.

I have read and understand this authorization and consent form and accept the terms as stated above.

SIGNATURE: _____

DATE: _____

This Consent Form will expire in 60 days

