



Potter League

PETS IN NEED VETERINARY CLINIC

ANESTHESIA/SURGERY CONSENT FORM

Owner Name _____

Pet's Name _____

Requested Surgery or Procedure(s) _____

Primary Phone # _____ Alt. Phone # _____
(Where we can reach you TODAY)

Additional Requests (Microchip [**+\$25 fee**], Nail Trim, Anal Glands, Ears, etc) _____

OWNER QUESTIONNAIRE:

Last **TIME** food given to pet _____ Last **TIME** water given to pet _____

Is your pet showing any new signs of illness (medical concerns) that the doctor is unaware of?

Is your pet currently on any medications? Yes or No

If any, please state what medications (name, dose, frequency and when last given). _____

List of pet's previous surgeries, if any _____

Has your pet had any previous anesthesia or medication reactions/allergies? Yes or No

If yes, please explain _____

List any behavioral concerns at home/at the vet (biting, fearful, anxious, protective, etc.) _____

List any belongings that came with your pet today _____

(Please note that Potter League Pets in Need Clinic is NOT responsible for any lost items)

AUTHORIZATION

I verify that I am the owner (or authorized by owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and attending staff as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand that there is always risk associated with any anesthesia, even in apparently healthy animals, and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures, which were not anticipated, for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for the result in any additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand that full payment is due at the time my pet is released from the hospital. I understand that the clinic is not responsible for keeping my pet overnight and as the owner, I am accountable for picking my pet up at the time given and if special care is needed post-operatively, I will be referred to a 24-hour hospital.

Signature of Owner

Date