

Surgery Consent Form

Please print out this sheet, fill it out and bring it with you at the time of your pet's surgery.

Client's Name: _____ Pet's Name: _____

Procedure(s) and/or Surgery to be performed: _____

Pain Control:

Our veterinarians prescribe pain control to surgical patients on an as needed basis. We want to ensure that your pet is comfortable after surgery.

Flea-Free Policy:

We strive to be a flea-free facility at ATCAH. If fleas are observed on your pet, we will administer a single dose of flea treatment, and charge accordingly.

Additional Services Offered:

Fecal Test	Yes	No	Microchip Identification	Yes	No
Ear Cleaning	Yes	No	Anal Gland Expression	Yes	No
Flea Medication	Yes	No			
Prescription Refills	Yes,	_____	No		

I am the owner, or a representative of the owner of the animal presented and have the authority to sign the consent. I understand that current vaccines are required for all pets entering this hospital. If vaccines are not current, they may be updated at the doctor's discretion.

- I have been advised as to the nature of the procedure(s) and/or surgery and the risks involved.
- I accept that anesthesia always involves some element of risk to my pet and that I share in assuming all risks.
- I understand that every precaution is practiced to ensure the safety of my pet before, during and after the procedure.

If you have further questions about the care of your pet or the procedure(s) he/she will be undergoing, please ask to speak to a doctor or nurse. By signing this consent, I indicate that all my questions regarding my pet's procedure have been answered to my satisfaction.

Being of legal age, I hereby consent and authorize this hospital and its veterinarians to perform the agreed to procedures.

SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE: _____ DATE: _____

PHONE NUMBER WHERE I CAN BE REACHED TODAY: _____