

**THE PET VET ON PATTON  
ANIMAL HOSPITAL**

**SURGICAL CONSENT FORM**

OWNER NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

PHONE NUMBER(S) FOR TODAY: \_\_\_\_\_

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

Would you like to have your pet microchipped today? (\$55.00) \_\_\_\_\_

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:

**(CHECK OFF THE BOX THAT BEST DESCRIBES YOUR WISHES)**

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

Try to call me first. If you cannot reach me, proceed with all care. I understand that additional costs may be involved.

Do not perform any additional procedures unless you reach me. I understand that my pet may need to be re-anesthetized at my expense in order to perform the additional procedures in the future if I cannot be reached.

**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: \_\_\_\_\_

\_\_\_\_\_