



423 U.S. HWY 117 S
BURGAW, NC 28425

ANIMAL HOSPITAL

PHONE: 910-259-3818
FAX: 910-259-7750

Anesthesia / Surgical Consent

Date: _____

Client Name: _____
Phone Number: _____
Address: _____

Patient Name: _____
Species: _____
Breed: _____
Sex: _____
Color: _____
Weight: _____

Anesthetic and surgical procedure(s) to be performed:

I, the undersigned owner or agent of the pet identified above, authorize the staff of Healing Hands Animal Hospital to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

For your pet's protection we require complete blood screening on all geriatric (seven years and older) pets and recommend it for all pets prior to anesthesia. The cost will be an additional 100 dollars.

I give my permission [yes]: I do not give my permission [no]:

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures, including resuscitation.

I give my permission [yes]: I do not give my permission [no]:

Perform any services necessary regardless of cost
 Perform any services up to \$100 \$200 \$
 Do not perform any services until I have given authorization

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____ Date: _____

Phone number(s) at which owner can be reached today or tomorrow: _____