

ANESTHESIA / SURGERY / TREATMENT CONSENT FORM

Owner's name: _____

Pet's name: _____

Date: _____

Procedure: _____

1. Last food given to patient (time): _____
2. Does your pet show any signs of illness? **Y or N**
 - a. If yes, please explain: _____
3. Is your pet taking any medications? **Y or N**
 - a. If yes, please list: _____
4. List your pet's known allergies: _____
5. Previous surgeries: _____
 - a. If you're aware of previous complications, please explain: _____
6. List any behavioral concerns (biting, timidness, special handling required): _____
7. Anything else you would like looked at today by the doctor? _____
8. If your pet is not here for a dental cleaning/assessment and the doctor feels it's necessary & appropriate, do you authorize a comprehensive oral health assessment for an additional \$183.60 (this includes full mouth radiographs to assess your pets' entire mouth, teeth cleaning, and polish)? **Y or N **** Please fill out additional form if marked Y**
9. If your pet has not already had a microchip implanted, would you like this done while under anesthesia? **Y or N (\$60)**
10. List any belongings left with pet: _____

AUTHORIZATION (please initial)

- I verify I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. _____
- I understand that during these procedures great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) listed above. I authorize Santa Fe Veterinary Clinic to perform additional diagnostics or procedures deemed necessary for medical or surgical complications. _____
- While Santa Fe Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Santa Fe Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise. _____
- I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. _____

Which of the following is your preferred method of contact (**please check one**)?

- Phone call: (____) _____ - _____
- Text message: (____) _____ - _____ & **Service carrier:** _____
- Email: _____

Owner signature _____ Date _____