

WHITEHOUSE VETERINARY HOSPITAL

SURGICAL, PROCEDURE AND ANESTHETIC CONSENT FORM

Date: _____

Client: _____

Address: _____

Pet Name: _____

I, _____, the owner or agent of, _____, hereby give Whitehouse Veterinary Hospital, and any of its doctors, authorized agents, or staff consent and authority to perform procedures or operations that have been scheduled.

I authorize the use of appropriate anesthetics and other medications, and have been informed about the nature of the procedures and risks involved. A chemistry panel and cbc are recommended prior to the administration of general anesthesia and is required for all animals over the age of five years.

In the case of a dental procedure, extractions may be necessary due to fractured, decayed, or diseased teeth. I authorize any extractions deemed necessary by the doctor and understand this would incur additional costs.

I further understand that during the course of the procedure(s), unforeseen conditions may arise that may necessitate the performance of additional procedures which in turn could add additional costs.

The above has been described to my satisfaction and I understand that neither guarantee nor warranty can ethically or professionally be made regarding the results, outcome, or cure.

I understand that I assume full financial responsibility for all services rendered, and that full payment is due on the date of surgery and/or procedure.

By signing below, I authorize Whitehouse Veterinary Hospital to perform and prescribe medications as per the doctor's medical recommendations.

Authorized owner or agent signature _____

Date _____

Emergency contact and phone number _____

Email address _____

Please list any medications your pet is currently taking:

Please list any allergies your pet may have _____