

**General Anesthesia Consent Form**

To: Acadia Animal Clinic, Inc.

Owner: \_\_\_\_\_ Acct# \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State / Zip code

Name Of Patient: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatments.

I understand that support personnel will be used as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

\_\_\_\_\_  
Signature of Owner / Agent

\_\_\_\_\_  
Date