Surgery & Anaesthesia Consent Form



Date of Procedure:	

Contact Number For Today:

Owner:	Pet's Name:	Pet's Name:	
Address:	Breed:	Colour:	
	Age:	Sex:	
Mobile:	Today's Weig	ht:	
Medical History:			
Has your pet been starved overnight?		yes/no	
 Is your pet on any current medications? 		yes/no	
If yes, what medications:			
When were these last given:			
 Does your pet have any history of seizures or a 			
including allergies to medication?	,	yes/no	
o If yes, please give details:			
PROCEDURE: Bilateral Anal Sacculectom	y		
 I hereby give permission for the administration of operation/procedure detailed on the form, together responsible veterinary surgeon might prove need. I understand the treatment to be performed, the I have been provided with an estimate of costs the treatment/medication from the practice is not incompleted. I understand that it may be necessary to adminimate medicines not licensed for use in this particular may be side effects associated with the use of the any attendant risks. I hereby consent to photographs of my pet being any pet. The risks and potential complications of to my satisfaction. Specific risks for this surgincontinence. 	ner with any other lessary. Inature of which have by my veterinary probleded in today's feater authorised hurspecies to my pet. These drugs and in graken to docume procedures, including the my pet's treatment.	procedures which in the opinion of the procedures which in the opinion of the as been described to my satisfaction. The ractice, and am aware that ongoing bees. The ractice, and am aware that ongoing bees. The ractice, and am aware that ongoing bees. The ractice, and am aware that there giving permission for their use accept on the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given. The ractice is a satisfactory of the case and treatment given.	
Signature of Owner or Authorised Agent:		(I am over 18 years of age)	
Printed Name:	Da	te:	

Our surgeon will contact you after surgery to discuss your pet's ongoing care. If you would like to speak to the surgeon $\underline{\text{before}}$ your pet's procedure please indicate here: []

Surgeon on Site provides specialist surgery at your veterinary practice, but we do not provide out-of-hours care. Although we are available to assist your practice or out-of-hours provider as much as we can, any emergency consultation and treatment will be provided by your practice.