## **Surgery & Anaesthesia Consent Form**



Date of Procedure:	

Contact Number For Today:

Pet's Name:	
Breed:	Colour:
Age:	Sex:
Today's Weigh	t:
	yes/no
	yes/no
other health prob	
·	yes/no
	•
r with any other pressary.  ature of which has my veterinary praided in today's feeter authorised humbereies to my pet. It is a decident and in graken to document poedures, including my pet's treatment.	my pet and for the surgical rocedures which in the opinion of the seem described to my satisfaction. Intice, and am aware that ongoing est.  In an medicines or veterinary and have been made aware that there iving permission for their use accept the case and treatment given. In the case and treatment given and the case and treatment given. In the case and treatment given and the case and treatment given. In the case and treatment given and the case and treatment given are the case and treatment given and the case and treatment given are the case and treatment given are the case and treatment given at the case and treatment given are the case and treatme
	(I am over 18 years of age)
_ Date	e:
_	Date

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.

Our surgeon will contact you after surgery to discuss your pet's ongoing care. If you would like to speak to the surgeon <u>before</u> your pet's procedure please indicate here: [ ]