

# Surgery & Anaesthesia Consent Form



Date of Procedure:
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Contact Number For Today:
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<b>Owner:</b>	<b>Pet's Name:</b>
<b>Address:</b>	<b>Breed:</b> <b>Colour:</b>
<b>Mobile:</b>	<b>Age:</b> <b>Sex:</b>
	<b>Today's Weight:</b>

**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 any other health problems, including allergies to medication? yes/no
  - If yes, please give details: .....

**PROCEDURE: Medial Patellar Luxation Correction, Left Hind Limb**

**The aim of this procedure is: to stabilise the kneecap**

**Consent for Anaesthesia and Treatment:**

- I hereby give permission for the administration of an anaesthetic to my pet and for the surgical operation/procedure detailed on the form, together with any other procedures which in the opinion of the responsible veterinary surgeon might prove necessary.
- I understand the treatment to be performed, the nature of which has been described to my satisfaction.
- I have been provided with an estimate of costs by my veterinary practice, and am aware that ongoing treatment/medication from the practice is not included in today's fees.
- I understand that it may be necessary to administer authorised human medicines or veterinary medicines not licensed for use in this particular species to my pet. I have been made aware that there may be side effects associated with the use of these drugs and in giving permission for their use accept any attendant risks.
- I hereby consent to photographs of my pet being taken to document the case and treatment given.
- I understand that all veterinary treatments and procedures, including anaesthesia, involve some risk to my pet. The risks and potential complications of my pet's treatment have been discussed and explained to my satisfaction. **Specific risks for this surgery include:** failure to correct dislocation; infection; implant failure or loosening; osteoarthritis.

**Signature of Owner or Authorised Agent:** \_\_\_\_\_ (I am over 18 years of age)

**Printed Name:** \_\_\_\_\_

**Date:**.....

Our surgeon will contact you after surgery to discuss your pet's ongoing care.  
If you would like to speak to the surgeon 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.**