Surgery & Anaesthesia Consent Form



Printed Name: __

Date of Procedure:	

Contact Number For Today:

Owner: Pet's Name:				
Address:		Breed:	Colour:	
		Age:	Sex:	
Mobile:		Today's Wei	ght:	
Medical His	storv:			
• Ha • Is y	your pet been starved overnight? your pet on any current medications? If yes, what medications:			
	luding allergies to medication? o If yes, please give details:		yes/no	
I he operes I ui I he trea I ui me ma any I he I ui my	Anaesthesia and Treatment: ereby give permission for the administration of eration/procedure detailed on the form, togethesis ponsible veterinary surgeon might prove necessary to the example of the ex	er with any other essary. nature of which h y my veterinary p uded in today's h ter authorised h pecies to my per ese drugs and ir taken to docume rocedures, includ my pet's treatme	r procedures which in the opinion of the procedures which in the opinion of the procedures which in the opinion of the procedures and am aware that ongoing the procedures or veterinary and the procedure of the procedures and the procedures are procedures are procedures and the procedures are p	nere eccept sk to
los	my satisfaction. Specific risks for this surges of bark. of Owner or Authorised Agent:	ay moluue. Ille	(I am over 18 years of	
5			\\\	~g~)

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: []

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.