



Surgical Consent Form

Client Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

NUMBER WHERE I CAN BE REACHED AT ALL TIMES: _____

Animal Name: _____ Cat: _____ Dog: _____

Sex: _____ Breed: _____ Color: _____ Age: _____

****PLEASE LET US KNOW IF YOU HAVE ANY TIME ISSUES THROUGHOUT THE DAY****

****WE WILL CALL YOU AND GIVE YOU ½ HOURS NOTICE FOR PICKUP****

1. Does your pet have any health problems? Yes / No If, please describe: _____

2. I would like pain medication for my dog or cat for an additional fee. Yes / No

3. Please initial that you received a copy of the Post Surgical Home Care Instructions: _____

PAYMENTS MUST BE MADE CASH ONLY / PAYMENTS ARE MADE UPON PICK-UP

Consent for Surgical Sterilization

I, being of legal age and responsible for the animal described above, have the authority to grant Mobile Animal Surgical Hospital and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used against injury, escape or destruction of the animal. It is completely understood that Mobile Animal Surgical Hospital and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as hernia repair or the administration of IV fluids, the attending veterinarian may, in his or her absolute discretion, perform such procedures. I consent to these procedures and agree to pay reasonable additional charges, if any.

I understand that the animal will be given general anesthesia and that there is a risk associated with anesthesia. I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.

I understand that the Mobile Surgical Animal Hospital does not offer 24 hour emergency service. If an emergency arises I may need to seek the services of the nearest emergency clinic.

I also understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery or I will be responsible for hospitalization and transport charges.

Signature

Date