



Surgery Consent Form

Owner / Agent Name _____

Owner's Address _____

Phone Number _____ Please list a number where you are readily available.

Animal's Name _____

Species _____ Breed _____ Sex _____

I hereby consent and authorize Agri-Pet Veterinary Service Inc. to perform the following procedure(s) and/or operation(s).

I certify that I am the owner or authorized agent for the owner of the animal described above, have the authority to execute this consent, and that I am 18 years of age or older.

I understand that if the physical exam and/or pre-anesthetic testing reveals that my pet is ill or otherwise determined to be an unsuitable candidate for anesthesia/surgery, that elective procedures may be postponed.

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension or alteration of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. I understand that any such alterations may impact the costs associated with such procedures. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as determined to be necessary and desirable by the veterinarian's judgment.

I also authorize the use of appropriate anesthetics and other medications as deemed appropriate by the veterinarian. I also understand that the hospital support staff will be involved in the care of my pet as directed by the veterinarian.

I have been advised as to the nature of the procedure(s) and/or operation(s) and the risks involved. I realize that results cannot be guaranteed. Please initial each statement and sign below.

_____ To the best of my knowledge, my pet is healthy and had no signs of illness, such as vomiting, diarrhea, coughing or sneezing; and has had no food since 10pm last night.

_____ I understand that there is no treatment staff on the premises after closing hours.

_____ I understand that if fleas are found on my pet, a flea product will be applied and I will be charged appropriately.

I have read and understand this authorization and consent.

Signature of Owner/Agent _____ Date _____

Witness to above _____ Date _____