



# Consent for Anesthesia and Surgery

Pet Name:

Date

## Section I: Pet Information

Did your pet eat this morning? Yes ( ) No ( )

Is your pet taking any medication? Yes ( ) No ( )

If yes, did she/he receive the medication this morning? Yes ( ) No ( )

Has your pet experienced any unreported illness or injury in the last 30 days? Yes ( ) No ( )

Are you aware of any seizures or problems with anesthesia in the past? Yes ( ) No ( )

The best number to contact me :

This is my: Home Phone, Work Phone Cell Phone (circle one)

I will be at this number: All Day In/Out AM PM (circle one)

## Section II: Procedure to be Performed

I authorize and direct the veterinarian(s) at Second Chance Humane Society to perform the procedures checked below: Sedation ( ) General Anesthesia ( ) Hospitalization ( ) Microchip ( ) Radiographs ( ) Biopsy ( ) Blood work ( ) Urinalysis ( )

Surgical Procedure

### **Section III: Anesthesia/Sedation/Procedure Release**

I understand that during the performance of the above checked procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures different than those set forth above. I understand an attempt will be made to reach me by telephone for permission prior to any additional procedures or services, unless an emergency situation with my pet prevents it. In case of emergency, I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment to treat and maintain my pet's health. If I cannot be reached, additional non-emergency procedures will not be performed unless I have given prior permission.

I have been advised of the nature of the services and procedures checked above, as well as the risks involved, including death. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed. I have reviewed and agree to the cost estimate and I understand the cost estimate may not be a complete representation of the final bill if additional procedures are performed. In case of emergency and in the event I cannot be contacted in time, I authorize the veterinarian of Second Chance Humane Society, and/or her agents to perform any additional diagnostic, therapeutic, or surgical procedures necessary for treating and maintaining my pet's health and comfort. I expect the veterinarian and/or her agents to use reasonable precautions to ensure my pet's safety, and I agree to pay in full for all services provided when my pet is discharged.

By signing this form, I provide my consent for the requested or necessary procedures and waive, release, and hold harmless Second Chance Humane Society, its agents and representatives, from any and all damages, losses, fines, claims, including attorney fees, judgments, related to or arising from the services contemplated herein. This release of liability includes, but is not limited to, any injury, death, sickness, or damage to my pet.

*(Signature on following page)*

Signature of Pet Owner:

Print name:

If I am unreachable, please try this alternate contact:

Name:

Phone:

In the event I am unavailable, I authorize this person to make emergency decisions for my pet in my behalf during my pet's current hospitalization.