



Battletown  
Animal Clinic

## Surgery Consent Form

Surgery Consent Form For: \_\_\_\_\_ (Patient's name) Date: \_\_\_\_\_

Surgical Procedure(s): \_\_\_\_\_

I hereby authorize the Veterinarians of Battletown Animal Clinic to perform the above procedure(s) and any additional diagnostic and/or treatment procedures deemed advisable or necessary for my animal. I understand that any additional procedures may increase the final cost. I understand that the clinic requires all animals have a recent physical examination, be free of all parasites, and be current on all vaccinations. I realize there is always risk when anesthesia or other medications are used when surgery is performed. The Veterinarian will do his/her best to minimize these risks. I understand the results cannot be guaranteed.

**Procedures and services: Pre-surgical blood work:** These tests are performed to evaluate vital organ function.

**Post - Anesthetic Pain Management: WE WILL** administer a post-operative pain injection to make recovery easier.

**Fluid Therapy: WE WILL** administer fluids during and after the surgical procedure to help maintain blood pressure and quicken recovery.

**Microhip:**  yes  no, a microchip can assist in your animals' return if lost or stolen.

My animals has had **nothing orally in the lasts 8 (eight) hours. Please initial** \_\_\_\_\_.

Consent: I am the owner of the animal named above. I authorize and consent to have the procedure(s) listed above performed.

The nature of such services has been described to me to my satisfaction, and I realize that neither warranty can ethically or professionally be made regarding the results or cure.

If my condition changes today, attempts will be made to contact me or my authorized agent listed below. However, in the event neither can be reached, I authorize my animal be provided such treatment deemed necessary by the Veterinarian.

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_

I can be reached at the following phone number today \_\_\_\_\_

If you cannot reach me, below is my authorized agent able to make decisions for my animal today

**Name:** \_\_\_\_\_ **Contact phone number today** \_\_\_\_\_