



Consent form for Anesthesia and/or Surgery

Client's Name: _____ Pet's Name: _____

Anesthetic/Surgical Procedure(s) to be performed: _____

- I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or older and authorize the veterinarians of Society Hill Veterinary Hospital to perform the procedure(s) as described to me. I am aware that dental procedures for pets require the use of anesthesia. I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before any procedure is initiated.
- Should unexpected lifesaving emergency care be required and the attending veterinarian is unable to reach me, the Hospital staff has my permission to provide such treatment and I agree to pay for such care. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction.

The responsible medical and/or surgical options for my pet
Sufficient details of the procedures to understand what will be performed
The most common and serious complications
The estimate of the fees for all services

- While I accept that all procedures will be performed to the best of the abilities of the staff of Society Hill Veterinary Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for all fees and will provide payment by cash, credit card, or check at the time my pet is discharged from the Hospital.
- I understand that veterinary care during night-time and week-end is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent: _____ Date: _____

Phone number at which Owner or Agent can be reached: _____

Thank you for giving us the opportunity to care for your pet. Please bring this form with you to your scheduled appointment.

