

**SURGERY CONSENT FORM**

**Please add your Email:**

Owner: <first-name> <last-name>, <number>      Budget: \$ \_\_\_\_\_  
Address: <address>, <city>, <st> <zip>  
Phone: <phone>      Secondary phone: \_\_\_\_\_

Patient: <animal>      Species: <species>  
Breed: <breed>      Sex: <sex>  
Age: <age>      Weight: \_\_\_\_\_ lbs.

I am the owner of the above described animal and/or authorized agent for the owner of the above described animal and have the authority to execute this consent. I am over the age of 18.

I hereby give \_\_\_\_\_, DVM of MSVC, PC and the facility's authorized staff or agents consent and authority to perform the following procedures: (list below)

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

More detail (list here):

\_\_\_\_\_  
\_\_\_\_\_

The nature of all surgeries listed above and the risks and potential complications involved have been explained to me. I understand what will be done and understand that if complications do arise the performance of additional surgeries may be necessary. I have also been informed of alternative options to the above procedures.

I authorize the use of appropriate anesthesia and pain medications as needed before, during and after the surgeries. I have been informed that there are certain risks and complications associated with the use of any medication.

I hereby acknowledge I have been given an estimate and/or option for an estimate of all charges and accept financial responsibility for the care of this animal. I also understand that all charges will be paid at the time of release and that a deposit may be required.

I have read and understand this consent.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_