

## Surgery Consent/Release

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_  
Service requested: Spay \_\_\_\_\_ Neuter \_\_\_\_\_ Declaw \_\_\_\_\_ Dental \_\_\_\_\_ Other \_\_\_\_\_

In addition to the above procedure, are there any other services that are required at this time:

Applicable exam charges will apply:

Nail trim \$15 \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

**Would you like to have your pet microchipped? Yes \_\_\_ \$59 No \_\_\_**  
**E-Collars (Prevents Licking) Available upon request: Yes \_\_\_ \$17.50 No \_\_\_**

Please review the following consent, completing it to the best of your ability.

1. I am the owner or agent of the above-described animal and am over the age of eighteen.
2. I understand anesthesia involves some risk to my pet, and that on rare occasions death can occur. I have been advised to the nature of the procedure and the risks involved. I realize that results cannot be guaranteed. I consent to and authorize the performance of general anesthesia. **(Initial) Yes \_\_\_\_\_ No \_\_\_\_\_**
3. I understand that during the performance of the procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the above procedures other than those set forth above. I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarian's professional judgement.
4. I understand that it is my responsibility to return for this animal when the treatment is complete. Seven days after being informed of such if the animal has not been discharged, it will be considered abandoned and become the property of Warrensburg Animal Hospital. Such action does not relieve my obligation for paying all the charges incurred.
5. I have read and do understand this consent and hereby voluntarily execute my consent.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

**All pets found to have external parasites, such as Fleas, Ticks  
or Mites will be treated at the owner's expense.**

Office Use Only:

Check Alerts/Reminders \_\_\_\_\_ Check for External Parasites \_\_\_\_\_  
Weight \_\_\_\_\_ Temp \_\_\_\_\_ Charges Entered \_\_\_\_\_  
Called \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_