

Bristol Veterinary Service
26900 75th Street - Salem, WI 53168

Surgery/Anesthesia Consent Form

Owner Name: _____ Date: _____

Pet's Name: _____

Procedure: _____

Time of Pet's last meal: _____

Pre-anesthetic blood work* Accept Decline

*checks liver/kidney function, red and white blood cell counts, platelets, blood glucose and more

Vaccines Accept Decline

Vaccines requested _____

Microchip Accept Decline

I am the owner, or authorized agent for the owner, of the above described animal, and I have the authority to execute this consent. I hereby consent to and authorize the performance of the above-named procedure(s), and I understand that unforeseen conditions may be revealed that necessitate an extension of procedures or surgeries beyond those set forth above. I hereby consent to and authorize the performance of such procedure(s)/surgery as deemed necessary in the exercise of the veterinarian's professional judgement.

I understand there are risks associated with anesthesia, including cardiovascular and respiratory depression, adverse drug reactions, and death. I authorize the use of appropriate anesthetics, medications, and hospital support personnel as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s)/surgery and risks involved, and I realize that results cannot be guaranteed.

I have had the likely fees explained to me and accept responsibility for payment of these fees at the time of the above-named pet's discharge. Owner/Agent: _____

I understand that if I am unable to be reached by phone, the veterinarian and/or hospital support personnel reserve the right to make medical decisions regarding the above-named pet.

Owner/Agent: _____

Please note that we reserve the right to treat external parasites (fleas, lice, etc.) at the owner's expense if found on the above-named animal while hospitalized, in order to prevent spread of infection to other patients in hospital.

(Signature of owner or authorized agent)

(Primary Phone Number) _____
(Alternate Phone Number) Staff member _____