

**MT. PLEASANT ANIMAL HOSPITAL
SURGERY, ANESTHETIC, SEDATION CONSENT FORM**

Client Name

Patient Name

Address Correction Needed? Yes _____ No _____

Please Note Correction:

Has your pet been fasted (no food after 8pm, no water after 12pm or as instructed?)

Yes _____ No _____

Has your pet ever had a seizure? _____ When? _____

Is your pet on any medications (including over the counter products)? Yes _____ No _____

If "Yes", please list: _____

I, the undersigned owner of, agent of the owner of, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that I am eighteen (18) years of age or over.

I authorize the performance of the following procedure(s):

- | | |
|--|--|
| <input type="checkbox"/> Spay (female) | <input type="checkbox"/> Castration (male) |
| <input type="checkbox"/> Front DeClaw | <input type="checkbox"/> All 4 DeClaw |
| <input type="checkbox"/> Orthopedic Procedure | <input type="checkbox"/> Wound Repair |
| <input type="checkbox"/> Radiographs with Sedation | <input type="checkbox"/> Dental OK for extractions _____ |
| <input type="checkbox"/> Lump Removal (please list number and location of lumps) | |

Other _____

I authorize the use of such sedatives and/or anesthetics as the attending veterinarian deems advisable in the performance of surgical, diagnostic and/or therapeutic procedures described above. I realize that the administration of any sedative and/or anesthetic agents carries a small but realistic possibility of side effects including death. I recognize the nature of the procedure(s) being performed and realize that certain risks and complications may be involved. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

Signature of Owner

Date

Telephones Numbers where I can be reached today _____
