

**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 as instructed? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever had a seizure? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", when was the last episode? \_\_\_\_\_

Is your pet on any medications (including monthly preventions)? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please list and note time of last dose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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"/> Microchip Implant  | <input type="checkbox"/> Radiographs with Sedation/Anesthesia |
| <input type="checkbox"/> Orthopedic Procedure   | <input type="checkbox"/> Wound Repair                         |
| <input type="checkbox"/> Dental Cleaning - OK for extractions at doctor's discretion? | Yes _____ No _____  |
| <input type="checkbox"/> Lump/Tumor Removal – Biopsy for histopathology?              | Yes _____ No _____  |
| <input type="checkbox"/> 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

Telephone numbers where I can be reached today – **Please indicate which to call first!!!**

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_