

SURGERY CONSENT FORM

This form is available to download on our website www.elliottbayah.com

I, _____, am at least 18 years of age and I am the legal owner of the animal described in this medical record. I am admitting my pet (name) _____ for surgery to be performed by one of the Veterinarians at Elliott Bay Animal Hospital on (date) _____.

Phone numbers: (1st) _____ (2nd) _____

E-mail (optional) _____

In the event your pet will need to stay overnight, what do you feed your pet and how much?

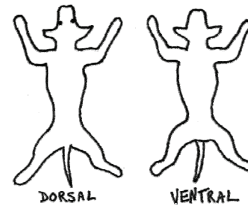
In the event I cannot be reached at the numbers above I request:

The doctors/staff continue with all appropriate medical care as needed.

Discontinue medical care until I can be reached.

Surgical procedure being done:

Location (if appropriate): **Right** **Left** **Front** **Back** **Side**



Does your pet have a microchip?..... YES NO
 Has your pet eaten this morning? YES NO
 Has your pet had morning medications (list if any) YES NO

My signature below verifies the following:

- A) The diagnosis, medical/surgical care and post surgical care has been described to my satisfaction.
- B) A financial estimate has been prepared for me. I understand these expected costs are only estimates and that situations can arise that would alter the actual medical cost.
- C) I accept that all medical/surgical procedures involve some risk. I understand that these risks include but are not limited to:
 - 1) **General anesthesia.** I realize that some patients may have adverse reactions to anesthesia that may result in permanent injury or death.
 - 2) **Infections can complicate would healing.** I realize that despite all precautions, a small percentage of patients may develop infections. I understand that these patients require additional medical care, which is not covered in my medical estimate.
 - 3) **Unexpected outcomes.** I understand that no promises or warranties can be given. I realize that complications can occur at any point during the procedure or the healing process. I accept that some complications can prevent my pet from achieving the outcome I had hoped for.

SIGNATURE _____

****Please discuss the below options with the doctor during the surgical admit appointment****

My pet's post surgical care has been discussed with me to my satisfaction and I have chosen: (check, date and sign with your choice).

Transfer of my pet to an overnight care facility. I accept any risk associated with the transport of my pet. I realize this is an additional cost of care.

SIGNATURE _____ **Date** _____

Overnight hospitalization will be provided by Elliott Bay Animal Hospital. I understand that my pet will be unattended for a portion of their time, and I accept the risk associated with my pet's hospitalization.

SIGNATURE _____ **Date** _____

I request my pet to be discharged to my care the day of surgery. I accept full responsibility for my pet's care once discharged to me by Elliott Bay Animal Hospital.

SIGNATURE _____ **Date** _____