

**SURGERY CONSENT FORM**

This form is available to download on our website [www.elliottbayah.com](http://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)** \_\_\_\_\_

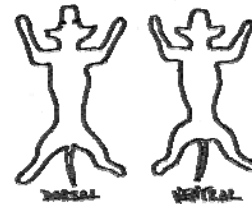
In the event your pet will need to stay overnight, what do you feed your pet and how much?

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:

Circle 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 \_\_\_\_\_

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 \_\_\_\_\_