



# SURGERY CONSENT FORM

Patient Name:

Patient Breed:

Sex:

Age:

Color:

Procedure Requested:

## Owner Responsibility:

- I understand that my pet should NOT EAT after midnight the night before the procedure. DROP OFF TIME is between 8:00-8:30 AM on \_\_\_\_\_ (Date of Procedure)
- I understand that home care administered by myself or a designated caretaker is recommended to achieve best overall success. It is my responsibility to notify Austin Village Pet Hospital before altering the doctor's recommendations. I understand that changes, supplementation, or alteration of any prescriptions may possibly result in an unfavorable or detrimental side effect with medical complications.
- Home care instructions will be provided at the time of my pet's discharge.
- I agree to make myself available by telephone during the day of my pet's anesthesia.

## Hospital and Procedural Information:

- Anesthesia: Pre-surgical blood tests and physical examination will enable us to assess and minimize the risk of anesthesia to your pet.
- Monitoring: To minimize anesthetic risk, we monitor the heart, blood pressure, respiration rates, temperature and oxygenation.
- Catheterization: For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (IV) can be placed. Blood pressure may lower during anesthetic procedures and fluid therapy aids in supporting your pet's internal organ systems. It also allows immediate access to the vascular system in case of an emergency.
- Pain Management may be necessary in some surgical procedures. The veterinarian will administer pain medications accordingly to your pet's needs.
- Antibiotics may be necessary given the degree of dental disease, and are an additional fee.

## Additional Procedures (check all that apply; an additional fee may apply):

- Nail Trim
- Anal Gland Expression
- Microchip Implantation
- Other:

**Authorization:**

I have read and fully understand this surgery consent form.

I authorize anesthesia and surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and surgery, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure is initiated. Additionally, I authorize Austin Village Pet Hospital to perform any diagnostic or medical treatment as deemed necessary for any unforeseen medical or surgical complications if one should arise. While Austin Village Pet Hospital provides the highest quality of anesthetic monitoring, dentistry, and surgical services, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, dentistry, or surgical procedure. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will hold harmless Austin Village Pet Hospital, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care. I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc) that are left in the hospital.

Owner Signature:

Date:

Owner Name (Printed):

AVPH Staff Signature:

Date: