

# ANESTHESIA / SURGERY / DENTAL / TREATMENT CONSENT FORM

Owner's name: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Procedure: \_\_\_\_\_

1. Last food given to patient (time): \_\_\_\_\_
2. Does your pet show any signs of illness? Y or N
  - a. If yes, please explain: \_\_\_\_\_
3. Is your pet taking any medications? Y or N
  - a. If yes, please list: \_\_\_\_\_
4. List your pet's known allergies: \_\_\_\_\_
5. Previous surgeries: \_\_\_\_\_
  - a. If you're aware of previous complications, please explain: \_\_\_\_\_
6. List any behavioral concerns (biting, timidness, special handling required): \_\_\_\_\_
7. Anything else you would like looked at today by the doctor? \_\_\_\_\_
8. If your pet is not here for a dental cleaning and the doctor feels it's necessary/appropriate, do you authorize a teeth cleaning and polish for an additional \$71.50? Y or N
9. List any belongings left with pet: \_\_\_\_\_

*The clinic will not be responsible for lost items.*

## **AUTHORIZATION (please initial)**

- I verify I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. \_\_\_\_\_
- I understand that during these procedures great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) listed above. I authorize Santa Fe Veterinary Clinic to perform additional diagnostics or procedures deemed necessary for medical or surgical complications. \_\_\_\_\_
- While Santa Fe Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Santa Fe Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise. \_\_\_\_\_
- I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. \_\_\_\_\_

Upon completion of the procedure listed above, a clinic employee can give you an update on your pet. Which of the following is your preferred method of contact (**please check one**)?

- Phone call: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Text message: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ & **Service carrier:** \_\_\_\_\_
- Email: \_\_\_\_\_

*\*\*If any complications arise, you will be notified immediately by phone call only*