

## Additional anesthesia and surgical consent form

Clients name: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Surgical procedure : \_\_\_\_\_

Possible complications : \_\_\_\_\_

I, the undersigned owner or agent of the owner of the patient identified above certify that I am over 18 years of age and authorize the veterinarians at the Pottsgrove animal hospital to perform the above prescribed procedures.

I understand that some risks always exist with anesthesia and surgery and that I have been encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedures are performed.

By signing this form below, I indicate that any questions I have regarding any issues or concerns I have with the procedure have been answered to my satisfaction. This includes but is not limited to:

- the reasonable medical or surgical treatment options for my pet
- sufficient details of the procedure to understand what will be performed
- the most common and serious complications of the procedure
- the length and type of follow-up care and home restraint required
- the estimate of the fees for all services and payment policies

I accept that all procedures will be performed to the best of the ability of the staff of Pottsgrove animal hospital but I also understand that veterinary medicine is not an exact science and there is no guarantee or warranty regarding the results that may be achieved. I understand unexpected complications may happen and should unexpected lifesaving emergency care be required in the hospital staff is unable to reach me I authorize the staff to perform whatever procedures they seem necessary to help my pet.

My pet may be required to stay overnight or if complications happen possibly multiple nights at the Pottsgrove animal hospital facility. I understand that veterinary care during nighttime hours is provided at the discretion of the attending veterinarian in that continuous presence of staff may not be provided during the overnight hours.

I have been informed that if I wish I may pick up my pet and provide care at home in which case I accept all risk of any complications or adverse effects. I have also been given the option to transfer her/him to a local emergency clinic where around-the-clock care can be provided, I understand this will be done at my expense.

I accepted that medicine is not an exact science and that no guarantee of successful treatment has been made to me by the veterinarians or the staff at Pottsgrove animal Hospital. I understand unexpected complications can happen both during the procedure, after the procedure or even after the patient has been discharged to my home.

I have been made fully aware of the risks of the procedure being performed and I have read and understand the nature of the procedure and I give my consent to proceed.

Signature of owner or authorizing agent : \_\_\_\_\_

Today's date : \_\_\_\_\_

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