



Collierville
**ANIMAL CLINIC
& SURGERY CENTER**
Boarding & Grooming

SURGERY CONSENT FORM

I am the owner or the agent of _____, and I have the authority to execute this consent.

I hereby authorize Dr. _____ and staff to perform the following procedures or operations: _____.

The nature of these operations or procedures has been explained to me, and I understand what will be done. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operation or procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia as needed for the procedure. I have been informed of the risks associated with the use of anesthesia or any medication used.

I authorize the use of pain medication, if needed, during the procedure and recovery. (Total cost ranges between \$10 - \$50; depending on the weight of my pet.)

YES NO

Has your pet been off food for at least 8 hours? YES NO

While under anesthesia, would you like your pet permanently identified with a Home Again Microchip? (Cost is \$55 and includes registration.)

YES NO Already Have? _____

Please list a phone number where you can be reached: _____

Signed: _____ Date: _____