



Anesthesia and Surgery Consent Form

Undergoing anesthesia bears a small but unavoidable risk of complications. In order to minimize risk to your patient, we are always careful to make anesthesia choices appropriate for his or her age, breed, anticipated pain, body size, and surgery or procedure. Prior to any anesthesia, we review the medical history and perform a physical examination. We consider the best anesthesia choices for your patient and carefully administer medications. We then monitor your patient through the procedure and anesthesia recovery. In the event of an anesthesia or surgery complication, we will intervene as quickly as possible.

I am the owner or authorized agent responsible for _____.

My patient last ate at approximately:_____.

I am admitting him/her to Walkersville Veterinary Clinic and its doctors for care and hereby allow anesthetic, sedative, and pain management medications as prescribed by the responsible veterinarian. I authorize surgical or therapeutic procedures as per the doctor's recommendations. In the event of an emergency, if I am unavailable for contact I authorize the doctors to provide supportive care as needed until contact is made.

I have been advised regarding the nature of the procedure(s) and the risks involved in performing general anesthesia.

I have read and understand this authorization and consent, and assume financial responsibility for all services rendered.

I have discussed and followed special instructions. (If applicable, please initial) []

Signature: _____

Emergency Contact Name: _____

Phone number for contact today: _____