

For Patients that
require sedation
or anesthesia.

ANESTHESIA AND SURGERY CONSENT FORM

Name of Owner:		Phone numbers where you can be reached:	Whose number is this?
Name of Pet:		1st	
Color / Markings		2nd	
Age of Pet:	Sex:	3rd	
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other			

Procedure: _____

Which topical Flea Treatment are you using: _____ Date of last application: _____

Which Heartworm Preventive are you using (dogs): _____ Date of last treatment: _____

Additional Information

Please read carefully: I, the undersigned, hereby confirm that I am the legal owner / agent of the animal described above and I am authorizing the surgical / treatment procedure(s) listed above to be performed on my pet. The nature of the procedure listed above has been described to me to my satisfaction. I consent to the administration of such analgesics sedatives, tranquilizers, anesthetics or other medications as may be deemed necessary by the attending veterinarian.

I acknowledge that no assurance or guarantee has been made of the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and possibilities of complications.

Hilton Animal Hospital or its staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of the animal described above or otherwise in connection therewith. I hereby authorize the staff of Hilton Animal Hospital to perform any reasonable treatment, procedure and care for my pet as deemed necessary by the attending veterinarian.

The cost and charges of the procedure listed above has been disclosed to me, to my satisfaction. I acknowledge that I will bare full financial responsibility for any and all costs incurred for the treatment and care of my pet, and I am aware that all outstanding accounts are payable in full after services are rendered.

I have read and understood the statement above _____
Signature Date