



J A S P E R  
Animal Hospital

## SURGICAL CONSENT

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Today's Phone : \_\_\_\_\_ Patient's Name: \_\_\_\_\_

I am the owner, or agent for the owner, of the above described animal and have the authority to execute this consent. I hereby grant Jasper Animal Hospital/Dr. \_\_\_\_\_ my consent to perform such diagnostic, therapeutic, anesthetic and surgical procedures necessary for maintenance of my pet's health. I understand the surgery, treatment(s) and/or procedure(s) to be performed today is:

I understand that during the performance of the foregoing surgery, treatment(s) or procedure(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing treatment(s) or procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such surgery, treatment(s) or procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the surgery, anesthesia, treatment(s) or procedure(s) and the risks involved. I realize that results cannot be guaranteed. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

I agree that all charges including boarding costs shall be paid upon release of my pet from the hospital.

**PRE-ANESTHETIC SCREENING:** Prior to any procedure requiring sedation or general anesthesia we will perform pre-anesthetic testing to evaluate your pet's complete health status to help ensure a successful outcome. Although sedatives and general anesthesia are common and considered safe there are potential risks even for a young, healthy animal. The pre-anesthetic screening will help us determine if additional precautions need to be taken or if a procedure should be postponed altogether until any underlying conditions identified can be corrected. This screening is not a guarantee against complications with a procedure but will enable us to select the safest protocol for your pet.

**PAIN MANAGEMENT:** It is our hospital's policy to provide pain medication to all our surgical patients. Pain management is administered for the comfort of your pet after surgery.

Where applicable we recommend histopathology be ordered to determine if a growth is benign or cancerous.

Yes, I want histopathology

No, I do not want histopathology.

**After carefully reading the above, I understand and have signed in agreement.**

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date