



The Village Veterinary Center

170 West Main Street
North Kingstown, RI 02852

Anesthesia / Surgical Consent

Client Name:

Address:

Phone Number:

Patient Name:

Species:

Breed:

Sex:

Color:

Weight

Anesthetic and surgical procedure(s) to be performed:

I, the undersigned owner or agent of the pet identified above, authorize the staff of The Village Veterinary Center to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.

I give my permission [yes]: I do not give my permission [no]:

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A complete physical exam will be performed on your pet prior to the surgical procedure if it has been longer than 30 days since the last exam. However, this may not identify all systemic or metabolic problems. For this reason, your pet will have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____

Date: _____

Phone number(s) at which owner can be reached today or tomorrow: