

**Austin Vet Hospital**

2908 N. I-H 35  
Austin, TX 78705  
(512) 476-9191

**Surgical and Medical Consent Form**

**Client ID:**  
**Client Name:**  
**Address:**

**Telephone:**

**Patient:**  
**Name:**  
**Species:**  
**Breed:**  
**Sex:**  
**DOB:**

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_

\_\_\_\_ I understand that during the performance of the above procedure(s), unforeseen conditions maybe revealed that necessitate an extension of the foregoing procedure(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. These procedures may result in an additional cost.

\_\_\_\_ I have been advised as to the nature or the procedure(s) and risks involved. I realize that results cannot be guaranteed. I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Austin Vet Hospital, the veterinarians or any team member liable for any complications that may arise

\_\_\_\_ I understand that I am financially responsible for payment at time of service. I have been given an estimate and consent to the charges. I understand that a deposit may be needed

DEPOSIT AMOUNT \_\_\_\_\_

I am the owner or agent for the above described animal and have the authority to execute this consent.

I authorize anesthesia/surgery/ diagnostics for my pet. The nature and risks of this procedure have been explained to me. My signature on this consent form indicates that questions have been answered to my satisfaction and that I accept full financial responsibility.

**SIGN** \_\_\_\_\_ **DATE**, September 17, 2009

**It is very important we can reach you, Best contact numbers to be reached during the procedure;**

\_\_\_\_\_

While complications can occur with any anesthetic procedure, to further minimize the risk during sedation or anesthesia we recommend a pre-anesthetic blood screen. The blood test will assess basic blood, kidney, liver and gastrointestinal functions. This helps to maximize Lucy's safety during and after the procedure. There is an additional charge for this service.

\_\_\_\_ Yes, please perform the blood screen      \_\_\_\_ Declined

We recommend microchipping Lucy as a permanent means of identification.

Would you like us to perform this procedure today?      **YES**      **NO**