

Little Animal Hospital
2626 Bill Owens Pkwy.
Longview, Texas 75604

Surgery Consent Form

*Client's Name _____ * Pet's Name _____

Anesthetic and Surgical procedure(s) to be performed:

I, the undersigned owner or agent of the pet identified above, authorize the veterinarians at Little Animal Hospital 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 doctor before the procedure(s) is/are initiated.

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

I understand that during the performance of medical, surgical, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If the staff at this veterinary practice is unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian.

*Phone numbers where I can be reached today:

Home: _____ Work: _____

Cell: _____ Pager: _____

I have been offered a pre-operative blood screen. This will inform the doctor of the condition of the liver, kidneys, and general health of my pet prior to anesthesia.

*Circle One:

Lab Approved

Lab Disapproved

*

Client Signature

Date

* REQUIRED