



## Surgery/Anesthesia Consent Form

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Client: \_\_\_\_\_

Client ID: \_\_\_\_\_

I, the undersigned owner or designated agent, hereby authorizes the staff of Westfield Veterinary Group and Wellness Center to perform on the following surgical/dental/diagnostic procedure(s):

I authorize sedation, tranquilization and/or general anesthesia as required and understand that there are potential complications, including death, associated with these. I also understand that a veterinarian will make every effort to contact me at the number(s) I provide below regarding any unanticipated emergencies or complications. If unable to contact me, I authorize all life sustaining procedures and assume responsibility for all additional costs incurred.

I also assume full responsibility for any additional expenses incurred as a consequence of complications from the above procedures or due to failure to comply with aftercare instructions.

### **Pre-anesthetic Examination & Testing**

A complete physical exam will be performed on prior to the above procedure(s), but this may not identify all systemic or metabolic problems. For this reason, we require that have the pre-anesthetic tests within 4 weeks of the procedure to evaluate major organ functions prior to any procedure requiring sedation, tranquilization and or general anesthesia.

### **Grooming/Sedation**

Sedation and bloodwork charges for grooming procedures range from \$50.00 - \$150.00.

### **Pain Management**

Our hospital believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and postoperative recovery. Additionally, analgesics may be prescribed for use at home.

Owner/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_