



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: _____