

Clifton Veterinary Clinic

4117 Highway 6
Clifton , TX 76634-5151
(254) 675-8925
cliftonvetclinic.com

Anesthesia/Surgery Consent Form

Client Name:	Pet Name:
Address:	Breed Sex: Color: Birthdate (approximate)
Telephone:	Email address:
Procedure:	

**Intravenous catheters allow us easy access to the bloodstream should we have an anesthetic emergency, as well as helping to maintain your pet's blood pressure while under anesthesia.

**These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We require a blood profile for geriatric animals (animals older than 7 years). We hope you understand the need for these important tests.

**Post operative pain medications are given after surgery and lasts for 24 hours. If you feel that your pet may need additional pain medications to go home with, our doctors would be happy to prescribe an appropriate medication.

I DO ___ DO NOT___ wish to have an IV catheter for my pet during surgery

I DO ___ DO NOT___ wish to have the pre-surgical blood work run today.

I DO ___ DO NOT ___ wish to have the additional post-operative pain medications

I DO ___ DO NOT ___ wish to have my pet microchipped while under anesthesia

I am the owner of the pet described above and have the authority to execute this consent.

I understand that during the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved and I realize that no guarantee or warranty can be made.

I expect that all reasonable precautions will be taken to prevent illness, escape, injury or death of my pet. The clinic and staff will not be held liable for any problem(s) that may develop provided reasonable care and precautions are followed.

I assume financial responsibility for all services rendered.

I have read and understand this authorization and consent.

Signature

Date
