



## Anesthesia/Surgery Consent Form

Owner's Name \_\_\_\_\_ Phone (where we can reach you today) \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Surgery/Procedure \_\_\_\_\_

### In-Patient Questionnaire (must be completed by owner/responsible party)

1. Last time food eaten (time): \_\_\_\_\_ 2. Date of last vaccinations: \_\_\_\_\_

**VACCINATIONS MUST BE CURRENT AT ADMISSION**

### MICROCHIP OPTION

Yes No

\_\_\_\_  **HOME-AGAIN MICROCHIP:** A microchip is a permanent identification method which will help protect your pet should it ever be separated from you. The price is \$39.99, a savings of \$30.00, and includes lifetime enrollment with the AKC Home-Again database.

**I AM THE OWNER OR AUTHORIZED AGENT OF THE ABOVE NAMED PET AND HEREBY CONSENT AND AUTHORIZE THE ABOVE PROCEDURE(S) TO BE PERFORMED. I UNDERSTAND THAT THERE IS ALWAYS A RISK ASSOCIATED WITH ANY ANESTHETIC PROCEDURE, EVEN IN APPARENTLY HEALTHY ANIMALS, AND THAT RESULTS CANNOT BE GUARANTEED. I ALSO UNDERSTAND THAT IT MAY NECESSARY TO PROVIDE MEDICAL AND/OR SURGICAL SERVICES WHICH MAY NOT BE CURRENTLY ANTICIPATED FOR THE SAFETY AND/OR CARE OF MY PET. I AGREE TO BE HELD RESPONSIBLE FOR ANY CHARGES INCURRED WHILE MY PET IS IN THE CARE OF ANIMAL HOSPITAL AT GRAYHAWK. I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME MY PET IS RELEASED FROM THE HOSPITAL.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**I UNDERSTAND AND ACKNOWLEDGE THAT THE HOSPITAL STAFF IS NOT IN ATTENDANCE AFTER NORMAL BUSINESS HOURS. \_\_\_\_\_ (INITIAL)**