

**{CLINICNAME}**  
**{CLINICADDRESS1}**  
**{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}**  
**{CLINICPHONE}**

### Surgery Consent Form

Client ID:	<b>{ID}</b>	Patient ID:	<b>{PATIENTID}</b>
Client Name:	<b>{FULLNAME}</b>	Name:	<b>{NAME}</b>
Address:	<b>{ADDRESS1}</b>	Species:	<b>{SPECIES}</b>
	<b>{ADDRESS2}</b>	Breed:	<b>{BREED}</b>
	<b>{CITY} , {STATE} {POSTALCODE}</b>	Sex:	<b>{SEX}</b>
Telephone:	<b>{PHONENUMBER}</b>	Color:	<b>{COLOR}</b>
		Markings:	<b>{MARKINGS}</b>
		Birth Date:	<b>{BIRTHDATE[SHORT]}</b>

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s):

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold {CLINICNAME} harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

**Date of surgery :**

Additional services available while your pet is under anesthesia:

Nail trim: \$19.33	<input type="checkbox"/> Y	<input type="checkbox"/> N
Microchip: \$52.50	<input type="checkbox"/> Y	<input type="checkbox"/> N
Anal Glands: \$27.30	<input type="checkbox"/> Y	<input type="checkbox"/> N

**DOES YOUR PET HAVE A HISTORY OF SEIZURES? YES OR NO**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone number at which I can be reached on the day of surgery?** \_\_\_\_\_  
**Call or text message (Please circle one)**

- \* Remember to withhold all food and water the night before after 10 pm. Be sure to drop your pet off at 8 am the morning of their surgery.
- \* Please take this opportunity to change any of you or your pet's information and be sure to bring these forms with you, **COMPLETED**, when you drop your pet off for surgery.