

**SURGERY CONSENT FORM**

This form is available to download on our website [www.elliottbayah.com](http://www.elliottbayah.com)

I, \_\_\_\_\_, am at least 18 years of age and I am the legal owner of the animal described in this medical record. I am admitting my pet (name) \_\_\_\_\_ for surgery to be performed by one of the Veterinarians at Elliott Bay Animal Hospital on (date) \_\_\_\_\_.

Phone numbers: (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_

Email (optional) \_\_\_\_\_

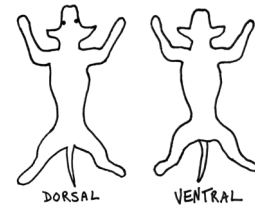
**In the event I cannot be reached at the numbers above I request:**

- The doctors and staff continue with all appropriate medical care as needed.
- Discontinue medical care until I can be reached.

**Surgical procedure being done:**

\_\_\_\_\_

Location (if appropriate):  Right  Left  Front  Back  Side



- Does your pet have a microchip?  NO  YES
- Has your pet eaten this morning?  NO  YES
- Has your pet had morning medications?  NO  YES

If yes, please list below:

- Medication, dosage & time: \_\_\_\_\_
- Medication, dosage & time: \_\_\_\_\_
- Medication, dosage & time: \_\_\_\_\_
- Medication, dosage & time: \_\_\_\_\_

**Does your pet need a prescription refill today?**  NO  YES

If yes, please specify \_\_\_\_\_

My signature below verifies the following:

- A) The diagnosis, medical/surgical care and post surgical care has been described to my satisfaction.
- B) A financial estimate has been prepared for me. I understand these expected costs are only estimates and that situations can arise that would alter the actual medical cost.
- C) I accept that all medical/surgical procedures involve some risk. I understand that these risks include but are not limited to:
  - 1) **General anesthesia.** I realize that some patients may have adverse reactions to anesthesia that may result in permanent injury or death.
  - 2) **Infections can complicate wound health.** I realize that despite all precautions, a small percentage of patients may develop infections. I understand that these patients require additional medical care, which is not covered in my medical estimate.
  - 3) **Unexpected outcomes.** I understand that no promises or warranties can be given. I realize that complications can occur at any point during the procedure or the health process. I accept that some complications can prevent my pet from achieving the outcome I had hoped for.
- D) I accept full responsibility for my pet's care once discharged to me by Elliott Bay Animal Hospital.
- E) I accept that full payment is expected upon rendering of services. Deposits may be collected on surgical cases, trauma cases or emergency work if hospitalization is required.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_