

# Forest Lake Animal Clinic

## Anesthesia, Surgery, and Medical Treatment Consent

Pet's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Species: Dog    Cat                      Breed: \_\_\_\_\_

Sex:    Female    Male                      Age: \_\_\_\_\_

I am the owner or authorized agent of the above described animal and have the authority to execute this consent.

I hereby consent to and authorize the performance of the following procedure(s) and/or operation(s):

**General Anesthesia and/or Sedation**

**Surgical Procedure(s):** \_\_\_\_\_

I understand that during the performance of the aforementioned procedure(s) and/or operation(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) and/or operation(s), or require different procedure(s) and/or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) and/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, analgesics (pain relievers), and other medications, which may be at additional cost, 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) and/or operation(s) and the risks involved. I understand that results cannot be guaranteed.

Dental Prophylaxis Addendum: I hereby authorize extraction or X-rays/restoration of any teeth that are diseased or decayed. [ **Strike through if declined** ]

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number for Today

\_\_\_\_\_  
Witness to above signature