

Arbor Animal Clinic  
5114 Balcones Woods Dr Ste 312  
(512) 794-1040

## Medical and Surgical Consent Form

Owners Name:

Name of Dog/Cat:

Please do not feed the morning of anesthesia.

Telephone #:

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

I hereby consent to the following procedures and operations:

This hospital recommends the following safeguard measures to better serve you and your pet:

A pre-anesthetic bloodscreen	<input type="checkbox"/> Pre-op #1	<input type="checkbox"/> Pre-op #2	<input type="checkbox"/> Done	<input type="checkbox"/> decline
IV fluids			<input type="checkbox"/> accept	<input type="checkbox"/> decline
Pain management			<input type="checkbox"/> accept	<input type="checkbox"/> decline
Other services requested	Microchipping (\$52.44)		<input type="checkbox"/> accept	<input type="checkbox"/> decline
While under anesthesia:	Nail trim (\$13.57)		<input type="checkbox"/> accept	<input type="checkbox"/> decline

In the event an emergency should arise calling for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable. I consent to the administration and use of anesthesia. I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. I understand that death of my pet could occur due to use of anesthetics.

I have read and understand this authorization and consent.

Date:

Signature of Owner or Agent: