

ROSWINN PET HOSPITAL
20021 Roscoe Blvd. Canoga Park, CA 91306
Phone: 818-718-2112

Anesthesia/Surgical Consent Form

CLIENT'S NAME: _____

PET'S NAME: _____

PROCEDURE: _____

CONTACT NUMBERS: Home: _____ Cell: _____

CONSENT AND RELEASE

I hereby authorize the Veterinarians of Roswinn Pet Hospital to perform the above procedures and any additional diagnostics and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand there is a risk involved in these procedures, including that of anesthesia. To ensure the protection of all pets under our care, all pets must be free of internal and external parasites, and current on all vaccinations, or they will be administered/treated upon admission at the owner's expense. Your pet will be given a full physical examination before anesthesia to ensure safe administration of an anesthesia protocol specific to your pet's needs. Prior to every major surgical procedure, an IV catheter will be placed in your pet's leg to allow immediate access to your pet's bloodstream, which is especially important if emergency administration of drugs is needed.

I hereby consent, authorize the Veterinarian on duty, and designated assistants to prescribe for and administer treatment as is considered therapeutically or diagnostically necessary. I also consent to the administration of anesthetics and surgical procedures requested or as deemed necessary by the attending veterinarian. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I hereby certify that I have read and fully understand the above authorization for medical and or surgical treatment, the reasons why surgery is necessary, its advantages and possible complications, as well as possible alternative modes of treatment. The veterinarian will use reasonable precautions for the well-being of this animal but will not be held liable for conditions beyond his or her control. I have been advised as to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that no guarantee can be made legally or ethically to me regarding the outcome of any procedure performed.

A treatment plan for amount of services will be provides upon request. A deposit may be required prior to services. All charges are due and payable upon patient's release.

Signed: _____

Owner/Agent

Date: _____