Sandhill Pet Clinic
3225 E. Washington Avenue
Madison, WI 53704
(608) 241-7600

ANESTHESIA/SURGERY CONSENT FORM

_____	_____	_____
Client	Pet Name	Date of Procedure
_____	_____	
Phone number	Procedure to be performed	

I am the owner of the above listed animal and have authority to execute this consent. I hereby consent and authorize the performance of the procedure(s) listed above.

I understand that unforeseen conditions may arise during the operation(s) or procedure(s) listed above, and that this might require a different procedure or operation than that listed above. I, therefore, consent to and authorize any procedure or operation that might be necessary in the judgment of the veterinarian. Thus, I will not hold the veterinarian, the clinic or the staff responsible for complications that may arise during procedure(s) or operation(s).

I authorize the use of appropriate anesthetics and other medication as needed, and I understand the hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) listed above and the risks involved, including euthanasia. I realize that results cannot be guaranteed.

I have read and understand the consent form.

IF ANIMAL IS NOT CURRENT ON RABIES THEY WILL RECEIVE ONE TODAY UNLESS PREVIOUSLY DISCUSSED

_____	_____
Owner	Date

Payment is due at time of service unless other arrangements were made ahead of time.