



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 to 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 is deemed medically 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 and understand that payment is due at the time of service unless other arrangements were made ahead of time.

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

_____	_____
Owner	Date