



SPECIFIC SURGERY ANESTHESIA CONSENT FORM
(attach estimate for signature)

Client Name: _____

Pet Name: _____ Age: _____

Anesthetic and surgical procedures to be performed:

Client Services Initial: _____

Technician Initial: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am []/am not [] (check one) eighteen years of age or older and authorize the veterinarians at OAKBROOK ANIMAL HOSPITAL to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I acknowledge that the entire fee is payable when the service is performed. Should unexpected lifesaving emergency care be required and the hospital's staff is unable to reach me, the staff has []/does not have [] (check one) my permission to provide such treatment and I agree to pay for such services.

Parasites

If parasites (ticks, fleas or intestinal worms) are found on your pet while in our facility, they will be treated at your expense to prevent exposure to other pets.

Microchip Identification Implant

[] Check if you would like your pet to have a Microchip implanted today. (\$59.99)

Services Needed:

DOG: Rabies [] Distemper [] Bordetella [] Fecal Test [] Deworm [] Leptospira [] HWT []

CAT: Rabies [] FVRCP [] Leukemia [] Fecal Test [] Deworm [] FeLV/FIV test []

Additional services desired while at hospital: _____

What (if any) medication is your pet taking? _____

Day and time of last dose taken? _____

Signature _____ Date ____/____/____

Daytime Emergency Contact Name: _____ Phone: _____

Texting OK? Yes [] No []