

Pets R Family Veterinary Hospital

SURGICAL CONSENT

Client Name:	Patient:
Contact Phone Number(s):	
Procedure:	
pressure, temperature, heart rate and rhythm dur after surgical procedures. An intravenous cathet	-the-art surgical monitoring equipment to monitor your pet's blood ing surgery. We provide pain medication for pets before, during, and er will be placed to administer fluids while under anesthesia. Along may also shave other areas including the surgical site for surgical as so they will function properly.
the professionals and staff at Pets R Family Vete amount of risk and that during the performance of necessitate an extension or variance in the processing use reasonable care and judgment in performing guarantee or warrantee can ethically or profession unforeseen complications resulting from the pro- costs incurred regarding the animal. I hereby au named pet. I assume responsibility for all charge charges will be paid at the time of my pet's release	ral, authorize the performance of the procedure(s) outlined above by erinary Hospital. I understand that anesthesia always involves some of this/these procedure(s), unforeseen conditions may be revealed that edure(s) set forth above. I expect Pets R Family Veterinary Hospital to the procedure(s) to the best of their abilities. I realize that no enally be made regarding the results or cure. I am also aware that ecedure(s) will not relieve me from any obligations to all reasonable thorize the veterinarian to examine, prescribe for, or treat the above es incurred in the care of this animal. I also understand that these use and that a deposit may be required for surgical treatment. Unpaid at additional expense until all charges are paid in full.
	be free of external parasites. If fleas, ticks, or ear mites are found, the ter's expense. Likewise, animals unvaccinated or overdue for Rabies all expense.
Client Name	Date