



SURGICAL CONSENT FORM

OWNERS NAME: _____

PATIENTS NAME: _____

HOSPITAL NAME: _____

I am responsible for this patient and have authority to execute this consent. I authorize the administration of such treatment and surgical procedures, as are considered therapeutically and diagnostically necessary on the basis of findings during the course of evaluation and/or treatment. I also authorize the use of anesthetic agents as are deemed necessary. I understand that the attending veterinarian and referral hospital will be responsible for monitoring and recovering this patient during this anesthetic procedure. I understand that no guarantee of results or cure can be ethically or professionally made. I hereby authorize the performance of the following:

SURGICAL PROCEDURE: _____

SIDE: (CIRCLE ONE - if applicable) **LEFT** **RIGHT** **BOTH** **NOT APPLICABLE**

Possible complications may include, but are not limited to: Anesthesia risks (inclusive of mortality), infection, hemorrhage or bruising, swelling or edema.

For orthopedic procedures: Bone or implant breakage or failure can result necessitating further surgery at additional cost.

Strict adherence to the postoperative instructions will minimize potential complications and serious problems are very uncommon in most cases.

Your pet will need to be under strict exercise restriction until healing is complete. Do not return to normal activity, bathe, allow to run, play or swim until released by Elite Veterinary Surgery or your family veterinarian.

Using an e-collar to prevent licking the incision is critical to avoid postoperative infection.

Signature of Owner/Agent

Phone Number to Call for Post Op

Date

Questions?



info@elitevetsurgery.com



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