

McPherson Veterinary Services Anesthesia and Surgical Consent

Please make sure your pet is on a leash or in a carrier upon arrival.

Client/Patient Information

Owner : _____
Phone : _____
Emergency Contact : _____
Pets Name : _____

Surgical Procedure

- Spay
- Neuter
- Dental Cleaning
- Mass Excision
- Other _____

Has your pet had any medications in the last 24 hours? _____

Has your pet ever had an adverse reaction to anesthesia before? _____

If needed I **DO** **DO NOT** wish for life saving measures or resuscitation to be preformed

I authorize surgery/anesthesia for my pet. I understand some level of risk is always present with anesthesia/surgery and that I am encouraged to discuss any concerns prior to the procedure. I authorize McPherson Veterinary Services to preform any additional diagnostic, treatment or surgical procedures deemed necessary in unforeseen circumstances. While McPherson Veterinary Services provides high quality surgical services and monitoring, I understand that complications are still a risk and no guarantee has been given to me.

I agree to not hold McPherson Veterinary Services, The Veterinarian, or any staff member liable for any complications that may arise. I assume responsibility for all costs incurred from the procedure and any follow up care. I understand that aftercare complications are more likely if I do not comply with aftercare. Payment is expected and due when services are rendered. I have read fully and understand this consent form. Pet's undergoing surgery/anesthesia must not receive any food no less than 8 hours prior to the procedure. Water can be given at all times.

Owner Signature : _____

Date : _____

