



VETERINARY MEDICAL CENTER  
OF HARDEEVILLE

Surgical Consent Form

Owner's Name: \_\_\_\_\_

Phone Number at which you can be reached during the surgery: \_\_\_\_\_

*\*Please keep your phone on and be available to answer it while we have your pet in the clinic.*

Emergency Contact Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

When did your pet last have anything to eat? \_\_\_\_\_ Drink? \_\_\_\_\_

Does your pet have a history of seizures? \_\_\_\_\_ If yes, date. \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_ If yes, please list. \_\_\_\_\_

What medications is your pet currently taking outside of heartworm prevention? \_\_\_\_\_

Please list any past anesthesia complications That your pas has incurred: \_\_\_\_\_

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the veterinarians/staff to perform the following procedures/operations.

Signature: \_\_\_\_\_

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. In particular, I understand that there is a risk of death every time an anesthetic is used. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I have received an estimate for the cost of this procedure. We will make every effort to keep within the estimate but sometimes procedures take longer than expected or differ from the estimate and the price may vary.

Anesthetic Procedures: Every Anesthetic procedure will include a comprehensive blood screen, IV catheter and anesthetic monitoring to ensure the utmost safety of your pet during all surgical procedures.

I understand that unforeseen conditions may be revealed during the identified procedures which, in the opinion of the attending veterinarian, require more extensive or different procedures or treatments. Please initial the following that applies.

\_\_\_\_\_ Have the doctor proceed with all procedures, including unforeseen issues as determined by the attending doctor.

\_\_\_\_\_ Call me if any additional work, including unforeseen issues arise. I understand that if I cannot be reached, no non-urgent additional work will be performed and may have to be completed at a later date.

\_\_\_\_\_ I do not authorize any additional work.

\* If the nature of the procedure is deemed an urgent threat to health by the attending doctor, a decision may have to be made and additional work performed without prior notification. This will increase the total cost.



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Should unexpected life-saving emergency (CPR- Cardiopulmonary Resuscitation) care be required, every effort will be made to contact you. But if the hospital staff is unable to reach me:

I give permission for life sustaining procedures and I agree to pay for such services.

I do not give permission for life sustaining procedures.

While I accept all procedures to be done to the best abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. The undersigned owner or agent of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarians at The Veterinary Medical Center of Hardeeville to perform the above procedure(s). I hereby release The Veterinary Medical Center of Hardeeville and staff from any, and all, liability arising from the surgical procedure(s), to be performed on my pet.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_