

## VETERINARY ANESTHESIA CONSENT FORM

Owner Information			
First Name		Last Name	
Phone Number	Email Address	Contact Preference	
Street Address	City	State	Zip Code

Pet Information		
Pet Name	Species	Age
Gender	Weight	

Procedure Information	
Procedure Name/Details	

I, the undersigned, hereby authorize the hospital/clinic/veterinary to provide treatment, including anesthetic practice and surgery to the animal described above. I am aware that no anesthetic or surgical procedure is without risks, even in apparently healthy animals. I accept that unforeseen conditions may arise during the procedure & authorize the hospital/clinic/veterinary to provide necessary treatment in such an event.

**Owner Signature:**

**Signature Date:**

Please keep a copy of this consent form for your records.