



Yorktown Animal Hospital

Consent for Surgery/Hospitalization

Date: _____

Owner Name: _____ Pet Name: _____ Species: _____

I am the owner or agent for the animal describes above and I have the authority to execute this consent. I hereby consent and authorize the veterinarians or veterinary staff to perform the following tests, procedures, or operations:

EXAMINATIONS & TESTING

[] Comprehensive Physical Exam [] Laboratory Tests [] Digital Radiography [] Ultrasound

[] Other: _____

MEDICAL SERVICES

[] Injectable or Oral Medications [] Vaccinations [] Microchip Identification

[] IV Catheter and Fluid Support [] Other: _____

SURGICAL SERVICES

[] Ovariohysterectomy (spay-female) [] Castration (Neuter-male) [] Dental Cleaning/Surgery

[] Feline Surgical Front Declaw [] Lump/Mass Removal [] Orthopedic (Bone or Joint) Surgery

[] Other: _____

All patients requiring general anesthesia will receive pre-operative blood testing, IV catheterization, IV fluid therapy, pain medication, injectable and/or inhalant anesthesia, electronic monitoring, and body heat maintenance support determined by policies/protocols of Yorktown Animal Hospital, Inc.

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. These have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. 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. I understand that hospital support personnel will be used as deemed necessary by the veterinarian and that more than one veterinarian may make decisions or perform procedures on my pet during the hospital stay.

While I accept the all procedures will be performed to the best of the abilities of the staff and doctors of Yorktown Animal Hospital, Inc. , I understand that no guarantee or warranty has been made regarding the outcome of such procedures.

I understand that Yorktown Animal Hospital, Inc. , does not provide 24 hour staffing and that some or all of the after period will be unsupervised. I understand that, should I desire 24 hour care, I should transport my pet, once stabilized to the Veterinary Emergency Center in Yorktown, Virginia.

I have read and understand this authorization and consent.

Signature of pet owner/agent

Date

1. Contact Number

2.Contact Number