



Surgery Consent Form

Owner's Name: _____

Patient's Name: _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent.

I hereby give Dr. Nicole Savage and any authorized agents, staff, or representatives consent and authority to perform the following procedures or operations: _____

All Procedures: The nature and purpose of these procedures and treatments, the associated major risks and available alternative treatments, if any, have been explained to me. I acknowledge that no guarantee has been made as to the results that may be obtained, and understand that there may be risks involved with anesthesia and that complications, including death, may arise. I will not hold Pine Country Animal Clinic, the doctors or the staff liable for any complications or unforeseen results.

I also understand that payment is required at patient discharge and a written estimate has been provided to me.

Signature of Owner/ Authorized Agent:

_____ Date: _____

Has your pet been fasted past 10pm last night? **YES/NO**

Phone # to be reached at *today*: _____

****Please be available from 10am-2pm to receive a call from the clinic.**