

# SURGICAL CONSENT

Cincinnati Animal Medical Center

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency \_\_\_\_\_

Animal's Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate on my pet. I understand the surgery/treatment contemplated is

\_\_\_\_\_  
\_\_\_\_\_

I understand and have had an opportunity to discuss the risks of anesthesia and the proposed surgery. I also understand that pre-anesthetic blood work is recommended.

I am also aware that the staff will be monitoring my animal at all times while under anesthesia in order to minimize anesthetic risk. However, while CAMC will provide appropriate medical care and will follow every reasonable precaution, the clinic and staff will not be liable or held responsible in any manner in connection with injury, escape, or death of my pet. I thoroughly understand that I assume all risks in this respect.

I further understand that all charges, including boarding costs, shall be paid upon release of my pet from the hospital. If the pet is not called for within 10 business days after the time specified for discharge, and if the hospital is not notified in writing of an alternative date within the above time period, the animal will be considered abandoned and may be disposed of as the hospital sees fit. It is understood that this does not relieve me of paying all costs for services rendered, use of the facility, and the cost of boarding.

After carefully reading the above, I have signed in agreement.

\_\_\_\_\_ Date \_\_\_\_\_

Signed print name \_\_\_\_\_