

Surgical/General Anesthetic Consent Form

Owner's Name: _____ Date: _____

Pet's Name: _____

Procedure to be performed: _____

Neuter (Male)	Remove Dewclaws (Dog/Front or Rear)	Radiographs (x-rays)
Spay (Female)	Ear Flush/Otic Exam	HomeAgain® Lost Pet Recovery Program
Dental Scaling	Other:	
Polish		

Does your pet have any of the following problems? (Please circle)

Coughing Sneezing Vomiting Diarrhea Changes In Appetite Or Water Consumption Seizures

Other: _____

Does your pet need any other treatments today? (Please circle)

Vaccines Heartworm Test FeLV / FIV Testing

Other: _____

I do hereby authorize _____ to perform a procedure requiring general anesthesia on my animal.

I am aware of the risks involved and fully release _____ Clinic and Intervet/Schering-Plough Animal Health from any legal and financial responsibilities arising from anesthetic complications.

Signature of Owner or Responsible Agent

Date

Spay/Neuter, Vaccinate and Microchip Your Pet