



Surgery/Anesthesia Consent Form

Please advise our staff if you are aware of any medical conditions or adverse reactions to medications or anesthetic agents by your pet. _____
Initials

I hereby authorize the doctor(s) of Airpark Animal Hospital to administer anesthesia to my pet for the following procedure:

I have been provided an estimate for today.

I further understand that adverse anesthetic reactions do occur infrequently and include sudden changes in blood pressure, anaphylactic shock and/or death.

These reactions may be minimized by pre-operative screening for organ function and by providing intravenous fluids to support blood pressure and therefore blood supply to the vital organs. The risk will unfortunately never be zero.

I agree to allow the doctor(s) to do what is medically necessary to return my pet to consciousness if these reactions occur. If the reaction is idiosyncratic then the doctor(s) and staff of Airpark Animal Hospital will not be held responsible for the above occurrence.

I agree to pay for any additional costs incurred until my pet is stable and I can be reached for authorization otherwise. _____
Initials

Date _____ Owner's Signature _____

Home Phone _____ Work or Cell Phone _____