

GEORGETOWN VETERINARY HOSPITAL
ANESTHESIA CONSENT FORM

Owner's Name _____ Date _____

Pet's Name _____ Species _____

I hereby authorize Dr. Morgan and his designees to anesthetize my pet and to perform the following procedures:

_____ Ovariohysterectomy (Spay) _____ Dentistry _____ De-claw
_____ Castration (Neuter) _____ Biopsy _____ Wound Management
_____ Removal of growth/lump/tumor/cyst _____ Exploratory Surgery
_____ Other _____

I am aware that there are risks involved in the administration of any anesthesia and with all procedures. If an unforeseen condition or emergency arises during the course of my pet's treatment, I further authorize the doctor to perform any additional procedures, which, in his judgement, may be immediately necessary to my pet's life and health. I acknowledge that no guarantee concerning the results of these procedures has been made.

I can be reached by phone at _____

Another person who can make decisions concerning my pet is _____

Who can be reached at _____

A good time to pick up my pet is _____

I UNDERSTAND FULL PAYMENT IS DUE WHEN MY PET IS PICKED UP.

Owner's signature _____ Date _____