

Brentwood Animal Hospital, Inc.

SURGERY CONSENT FORM

Owner: _____ Date: _____

1. I hereby authorize Brentwood Animal Hospital, Inc. to treat my pet _____
for/with the following problem(s)/procedure(s): _____

2. I consent to the administration of whatever type of anesthesia is deemed necessary.
3. I understand the nature of my pet's condition and the common risks associated with the operation or procedure, have discussed other methods of treatment, and I have authorized this treatment plan.
4. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee has been made to me as to the result of treatment or surgery.
5. It has been explained to me that, during the course of the procedure, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in paragraph 1, above. I authorize any surgical procedures as are necessary and desirable in exercise of professional judgment. The authority granted under this extends to remedying all conditions that need treatment and are not known at the time the operation commenced.
6. I understand that certain health conditions associated with kidney, liver, blood, or other abnormalities may cause health risks to my pet with anesthesia; that these conditions may not be obvious during physical exam; and that blood tests may help reduce these risks. Brentwood Animal Hospital **requires** all patients to have blood work performed before the administration of anesthesia. This is a mandatory policy.
7. I understand that all fees are payable when my pet is released from the hospital, unless other arrangements have been made in advance.
8. I understand that written notice will be mailed to me at the address below if I fail to retrieve my pet(s). Ten (10) days after such notice, my pet(s) will be considered abandoned and will be disposed of as deemed best by the hospital. It is also understood that this would not relieve me from any costs of service, care, or the keeping of my pet.
9. I have read the above, understand and agree. I can be reached at:

<input type="checkbox"/> _____ Cell	_____
	Signature
<input type="checkbox"/> _____ Work	_____
	Address
<input type="checkbox"/> _____ Home	_____
	City, State, ZIP