

Rye Harrison Veterinary Hospital

170 North Street, Rye, New York 10580

914-921-2000

Surgical / Anesthetic Consent Form

Date _____ **Pet's Name** _____

Owner _____ **Species** _____

Address _____ **Breed** _____ **Sex** _____

Today's Phone Number _____

As the owner or agent of the above animal, I hereby give my consent to the doctors of Rye Harrison veterinary Hospital to perform the following procedure(s):

1. _____

2. _____

I understand that during the performance of this procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect the professional staff of Rye Harrison Veterinary Hospital to use reasonable care and judgment in performing such procedure(s). The nature of the procedure(s) and the risks involved have been explained to me and I realize that results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligation to all reasonable costs incurred regarding the patient.

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures much safer, with a very low rate of complication. However, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic exams. In an attempt to provide the best care possible and to minimize these problems, all cases are screened prior to anesthesia or general sedation. Laboratory and/or ancillary tests either have already been performed or they will be performed prior to the aforementioned procedure (you will be charged separately for them).

Signature of Owner or Agent