

Surry Animal Hospital, P.A.

926 Reeves Drive
Mount Airy, North Carolina 27030
(336) 789-9055

Consent for Surgery and/or Anesthesia

Pet Owner: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Pet's Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Circle One: Spayed | Neutered | Intact

Attending Doctor: _____

I am responsible for the above described animal and have the ability to give you my permission to receive, prescribe for, treat and/or operate upon my pet. I acknowledge that the surgery / anesthesia or treatment contemplated is:

It is understood that all reasonable precautions against injury, escape or death of my pet will be used, but you will not be held liable or responsible in any manner in connection therewith as it is implicit that I assume all risks. I also acknowledge that there are certain risks to anesthesia that could involve serious bodily injury or death to my pet and that these risks are present in any procedure that requires a general, inhalational or intravenous anesthetic. I agree to the use of anesthesia as considered necessary and advisable by the veterinarian.

All charges including boarding costs shall be paid upon release from the hospital. A written estimate can be provided if requested. If the pet is not picked up within 7 days after the time specified for return and if this office is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and will assume ownership from that date forward. It is understood that this does not relieve me from paying for all costs of services and use to the hospital including the cost of boarding.

After carefully reading the above, I certify that I am greater than 18 years of age and have signed in agreement.

_____ Date: _____
Owner or Responsible Party