Veterinary Surgery and Anaesthesia Consent

The pet owner signs; the veterinary clinic countersigns.

VETERINARY CLINIC NAME

PHONE

Pet owner

FULL NAME

EMAIL

PHONE

ADDRESS

Pet

PET NAME

SPECIES

BREED

AGE (YRS)

SEX

WEIGHT (KG)

LAST VACCINATION

Service

PROCEDURE

DATE

PRE-ANAESTHETIC BLOODWORK

ESTIMATE (₹)

Your pet will receive general anaesthesia and be monitored throughout. Risk is higher in older, flat-faced (brachycephalic) or unwell animals. The pet must be fasted for the hours the clinic advised.

Terms

1. Risks include bleeding, infection, wound breakdown, reactions to anaesthesia and, rarely, death.
2. If the vet finds something unexpected, they will call before doing more, unless delay would harm the pet.
3. Stitches and cone care at home are the owner's responsibility; follow the discharge sheet.
4. Post-operative check-ups within 10 days are included in the estimate.

Has the pet been fasted as instructed?

◯ Yes ◯ No

Microchip the pet during anaesthesia?

◯ Yes ◯ No ◯ Already chipped

☐ I am the owner, or am authorised by the owner, and the information above is true.

Pet owner

SIGNATURE

PRINTED NAME

DATE

Veterinary clinic

SIGNATURE

PRINTED NAME

DATE