

Belton Veterinary Clinic
707 W loop 121
Belton, TX 76513
254-939-1884

Consent for Anesthesia

Consent for Surgery

Date: _____

Owner: _____ Patient: _____ Procedure: _____

Please read the following statements and consents regarding your animal while it is under the care of Belton Veterinary Clinic and your financial obligation as the result of this care. If you have any questions, please have these clarified before your animal is examined.

I authorize Belton Veterinary Clinic to perform medical and surgical procedures on the animal identified in this record as required for diagnosis and treatment. I understand that I can refuse or terminate procedures at any time by contacting the attending veterinarian.

I understand that risks and potential complications exist with anesthesia and surgery. These include but are not limited to

- Abnormal reaction to anesthetic agents, self-inflicted injury during anesthesia recovery (i.e., fractured limb, head trauma) muscle nerve damage, dehiscence of incision, post op infection, and death

I understand that further procedures may be therapeutically necessary based on finding during the operation/procedure, I consent to those procedures, their additional cost, and any unexpected lifesaving emergency care deemed necessary by the attending veterinarian.

I acknowledge and understand that the procedure, its consequences, and subsequent risks have been explained to me, and I have addressed any questions or concerns I may have. I also realize that results cannot be guaranteed.

I have read and understand this authorization and consent

Emergency Contact Number: _____

Owner/Agent Signature: _____