



Surgical Anesthetic Consent Form

Owner: _____ **Pet Name:** _____

It is very important that we are able to contact you while your pet is having this procedure. Where may we reach you while your pet is in our care?

Today's phone: _____ **Alternate #** _____

Please see the surgical estimate for the cost of your pet's procedure today.

I authorize At Home Mobile Veterinary Clinic to perform a procedure requiring general anesthesia of my pet and to administer pain medications as needed. I understand there are potential life threatening risks associated with anesthesia. I understand the veterinarian will make every effort to contact me in the case of unforeseen circumstances regarding treatment of emergency situations, but if unable to contact me, she will proceed with any life sustaining procedures.

X: _____ **Date:** _____
Owner/Authorized agent

Owner birthdate: _____ (needed for prescription pain medications)