

MAYER VETERINARY HOSPITAL

General Anesthesia Consent

The following information is necessary to better serve you and give your pet more personal attention. Please complete the following (including alternate telephone numbers in case of an emergency).

Owner's Name _____

Address _____ Phone _____

Pet's Name _____ Age _____ Breed _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the administration of general anesthetic procedures necessary for its treatment.

Patient monitoring will be used in all procedures using general anesthesia.

I have been advised as to the nature of this procedure (_____) and the risk involved in administering general anesthesia to the above animal. I realize that the results cannot be guaranteed. Therefore, blood work is mandatory before general anesthesia is administered.

Post-operative pain management is used in all surgical procedures and provides comfort for patients during post-op recovery.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

Signature of Owner or Agent

Date: _____