



**Headwaters Veterinary Center  
Surgical Consent Form**

**Owner Information:**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Pet Information:**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

**Procedure Information:**

Procedure(s) Scheduled: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

**Procedure:** I certify that I am the owner/guardian of the pet described above and have full authority to execute this consent. I certify that my pet has not eaten in the last 10 hours as recommended. I hereby authorize the veterinarian at Headwaters Veterinary Center to perform the surgical procedure(s) listed above. **Initials** \_\_\_\_\_

**Anesthesia and Surgery Risks:**

I understand that my pet will undergo anesthesia and surgery, and I am aware of the potential risks, including but not limited to:

- Adverse reactions to anesthesia
- Bleeding, infection, or complications during or after surgery
- Rare but serious complications, including death

I acknowledge that no guarantees can be made regarding the outcome of the procedure.

**Initials** \_\_\_\_\_

**Pre-Anesthetic Bloodwork:**

For patients of any age, blood work helps reduce the risk of complications during anesthesia and to ensure a faster recovery for your pet. If the results detect any hidden illness, we can alter the anesthesia or postpone the procedure to ensure your pet's safety. **For pets 8 years and older, as well as pets with pre-existing medical conditions, this blood work is required by our clinic.**

Yes, I authorize pre-anesthetic bloodwork to assess my pet's health and reduce risks.

No, I decline pre-anesthetic bloodwork. I understand this may increase the risk of complications.

**Pain Management:**

I understand that pain management is an important part of my pet's care. I authorize the use of appropriate pain relief medications before, during, and after the procedure. **Initials** \_\_\_\_\_

**Emergency Care:**

In the event of an emergency or unforeseen complications, I authorize the veterinarians at Headwaters Veterinary Center to take any necessary measures to stabilize and treat my pet. I understand that additional costs may be incurred. **Initials** \_\_\_\_\_

**Financial Responsibility:**

I agree to pay for all services rendered, including the surgical procedure, anesthesia, medications, and any additional treatments or diagnostics deemed necessary. I understand that payment is due at the time of service. **Initials** \_\_\_\_\_

**Consent:**

By signing below, I confirm that:

- I am the owner or authorized agent of the pet named above.
- I have read and understand the risks associated with the procedure and anesthesia.
- I consent to the procedure and authorize Headwaters Veterinary Center to perform the surgery and provide necessary care.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_