Headwaters Veterinary Center
Surgical Consent Form

Owner Information

Owner's Name: _____

Address: _____

Address 2: _____

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 7 years and older, as well as pets with pre-existing medical conditions, this blood work is required by our clinic. Pricing for pre-anesthetic blood work is $88.81.

Please Select an Option Below

- 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.

Microchipping is available during today's procedure.

- Yes - Please microchip my pet ($125 - Active for Life)
- No - Decline

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: _____