



Dakota Pet Hospital

Where pets are friends...

Anesthesia/Surgery Consent Form

Your pet is being admitted for anesthesia and _____.
Anesthesia involves some unavoidable risk, we will monitor your pet closely to ensure his/her safety and wellbeing. Our staff is well trained and we use state-of-the-art-monitoring equipment. If a problem does arise, we will institute whatever measures are needed to stabilize you pet.

_____-I acknowledge that there inherently exists a risk of anesthetic complications during an anesthetic or surgical procedure. The complications can range from mild to life threatening.

Dakota Pet Hospital makes great efforts to reduce postoperative complications but complications can and do occur. I understand that I am financially responsible for any charges relating to any follow-up care, exams, surgery, anesthesia, medications or supplies recommended by Dakota Pet Hospital to remedy the complication.

_____-I understand that postoperative complications may occur and that I will be financially responsible for any care or supplies that are recommended.

It is very important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia.

I can be reached at _____.

I hereby authorize Dakota Pet Hospital to perform the anesthetic and surgical procedures described on my pet. I realize that no guarantee or warranty can ethically or professionally be made regarding the results of treatment or cure of problem. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are deemed necessary for the well being of my pet until further communication with me.

Owner Signature: _____ Date: _____