



Anesthesia / Surgery Consent Form

Owner's Name: _____

Pet's Name: _____

Species: _____ **Breed:** _____ **Sex:** _____

Today's Contact Phone Number: _____

If we cannot reach you by phone, name and phone number of a person authorized to approve treatment in case of emergency: _____

As the owner or agent of the owner of the above animal, I hereby give my consent to Pacifica Pet Hospital to perform the following procedures which includes the use of anesthesia on my pet:

I understand that during the performance of the anesthetic procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Pacifica Pet Hospital to use reasonable care and judgment in performing the procedure(s). I am aware of the risks of the above anesthetic procedure(s) and realize that results cannot be guaranteed. I do not hold Pacifica Pet Hospital responsible nor liable should any complications including death occur. I am also aware that unforeseen events or complications resulting from the anesthetic procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

Signature of Owner:
(or authorized representative) _____ **Date:** _____