



Surgery Consent Form

Date ___/___/___ Owner's Name _____ Pet's Name _____

I am the owner or authorized agent for the owner of the above-named pet and certify that I am 18 years of age or older and accept full financial responsibility. Fees are payable at the time of pickup. I give my consent for Shoreline Veterinary Hospital to perform the following procedures:

Spay Neuter Other Procedure

Shoreline Veterinary Hospital highly recommends Home Again Microchips (\$52.00 including registration). The most comfortable time to do this is when your pet is anesthetized due to needle size. Yes No

I have been advised that anesthesia always involves risk. Our doctors will do everything possible to minimize that risk.

I have not fed my pet since _____ PM last night.

My pet is currently on the following medication(s):

Medication	Time when last dose was given
_____	_____
_____	_____
_____	_____

Pain control is used with all surgeries before your pet is anesthetized. All pets are monitored electronically and visually by our doctors and staff while they are anesthetized. Time of pickup will be determined at the procedure's end. Any pet with fleas will be treated topically at owner expense.

Please provide the best phone numbers where we can reach you today.

Best Number to Call: _____ Texting okay?

Emergency contact (in event we cannot reach you): _____ Phone: _____

In the rare event of an emergency, I authorize the doctors and staff of Shoreline Veterinary Hospital to provide the necessary critical care and resuscitation for my pet. I understand this may incur additional costs to me. (Please initial one). Yes No

I have been provided with an estimate of costs for today's services. Yes No

Signature _____ Date ___/___/___