

**ACORN HOUSE VETERINARY HOSPITAL
LINNET WAY
BRICKHILL
BEDFORD
MK41 7HN**

FORM OF CONSENT FOR ANAESTHESIA, CLINICAL AND SURGICAL PROCEDURES

DATE

Owner's Name

Address

Telephone: Home _____ Work _____ Mobile _____

If you are NOT the owner, please tick the box to confirm you have the authority to act on behalf of the owner of the animal described above and are over the age of 18

Please complete the section below.

Name _____

Address _____

Telephone: Home _____ Work _____ Mobile _____

Name _____

Breed _____ Colour _____

Age _____ Sex M _____ F _____ Neutered Yes No

Details of the Operation/Procedure

- I hereby give permission for the administration of an anaesthetic to the above animal and to the surgical or other procedures detailed on this form together with any other procedures which may prove necessary.
- The nature of these procedures and of other such procedures as might prove necessary has been explained to me.

- I understand that there are some risks involved in all anaesthetic techniques and surgical procedures.
- I accept that the likely cost will be as detailed on the [attached] estimate and that in the event of further treatment being required or of complications occurring which will give rise to additional costs, I shall be contacted as soon as practicable so that my consent to such additional treatment and costs may be obtained.
- In the event that the veterinary surgeon is unable to contact me on the numbers provided, I understand the veterinary surgeon will act in the best interests of my animal.
- In order to protect the welfare of my animal, in the unlikely event of an emergency, or where additional pain relief or sedation may be required, I understand the veterinary surgeon may decide to use medicines that are not authorised for use in your animal.
- It is our policy to perform any dental treatment deemed necessary (which may include extractions) whilst your animal is anaesthetised to maintain satisfactory oral health. This treatment will incur an additional cost and may not be covered by insurance.
- IF YOU DO WISH YOUR PET TO RECEIVE DENTAL CARE PLEASE INDICATE BELOW.

No

Notes and Instructions: _____

The cost of the procedures described above (tick as appropriate)

will be: £_____ OR

will be within the range: £_____ to £_____ Inclusive of VAT

I CAN CONFIRM THAT (MERGE) HAS NOT EATEN SINCE

IF YOUR PET IS NOT COLLECTED BY 11AM ON THE DAY OF DISCHARGE, AN ADDITIONAL HOSPITAL CHARGE WILL BE MADE.

I HAVE READ AND UNDERSTOOD THIS FORM AND AGREE TO PAY ANY OUTSTANDING FEES UPON COLLECTION OF MY PET.

*Signature _____ DATE _____