



# Central Texas Animal Hospital

1200 West Pecan · Pflugerville, TX 78660 · (512) 251-2275

## Anesthesia/Sedation Surgical Consent Form

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Procedure: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Is your pet on any medications: \_\_\_\_\_

Medical conditions or medication/vaccine reactions? \_\_\_\_\_

### Today's Contact Information:

Primary Number: \_\_\_\_\_ Name (if other than owner): \_\_\_\_\_

If mobile phone, do you prefer text communication? Yes  No

Secondary Number: \_\_\_\_\_ Name (if other than owner): \_\_\_\_\_

If mobile phone, do you prefer text communication? Yes  No

In the event life saving services or resuscitation is needed, is the veterinarian authorized to perform these services (at additional cost) at their discretion? Yes  No

The veterinarian may recommend services above the estimate that are indicated in relation to today's procedure, such as additional extractions during a dental. We will attempt to contact you, but if you cannot be reached immediately, is the veterinarian authorized to perform these services (at additional cost) at their discretion? Yes  No

I hereby consent and authorize CENTRAL TEXAS ANIMAL HOSPITAL, its doctors, agents, employees, and representatives to perform the above listed procedure on my pet. I also authorize them to utilize diagnostics, treatment, surgical, anesthetic, and sedative protocols as they deem necessary. I hereby certify that I am informed of possible risks and complications associated with these procedures, including death. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

I am the owner or agent of this patient and have the authority to execute this consent. I have read and fully understand this authorization for medical and/or surgical treatment. I assume financial responsibility for all charges incurred to patient, consent to release of medical information and authorize payment to: CENTRAL TEXAS ANIMAL HOSPITAL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date