



# SURGICAL CONSENT FORM

**(865-986-5450)**

601 Highway 321 N  
Lenoir City, TN 37771  
lenoircityanimalclinic.com

## Owner Information

Name (Primary Contact): \_\_\_\_\_

Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Second Contact): \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

## Patient Information

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Sex:  Male  Neutered  Female  Spayed

Thank you for choosing our veterinary hospital for your pet's surgical needs. The following information will be used to help our veterinary team assess your pet prior to their preoperative exam and surgery.

**Reason for surgery/scheduled procedure today:** \_\_\_\_\_

**Has your pet had any food past 8 p.m. last night?**  Yes  No

**Has your pet ever had an adverse reaction to any medications, vaccines, or anesthesia?**  Yes  No

If yes, describe: \_\_\_\_\_

**Is your pet currently taking any medications?**  Yes  No

If yes, describe: \_\_\_\_\_

**Does your pet have any chronic illnesses/diseases?**  Yes  No

If yes, describe: \_\_\_\_\_

**Is your pet current on flea & heartworm prevention?**  Yes  No

*\*We are a flea-free environment. If fleas are found, we will treat at owner's expense.*

## Authorization

There are inherent risks with the use of anesthesia, and our veterinary hospital takes every precaution to lessen these risks. Our objective is to provide the safest and most comfortable procedure possible for your pet. I represent/own the pet listed above and hereby authorize the veterinarians of the hospital to perform the above procedure(s). The nature and purpose of the procedure(s) has been explained to me and I understand that no guarantee exists as to the result or diagnosis and treatment of my pet. I have had the fees outlined to me and I agree to pay an initial deposit based on the fees. I also agree to pay the remaining fees and any additional charges incurred when my pet is discharged from the hospital's care. These fees and charges may include those deemed necessary for medical or surgical complications or unforeseen circumstances, unless expressly declined previously on the consent form. I also acknowledge, by signing this form that I have read and understand all information included on this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_