

OWNER:      Owner: _____ Address: _____ State: _____ Postcode: _____		PHONE _____ MOBILE _____ EMAIL _____ FAX _____
PATIENT NAME		SEX
BREED		COLOUR
SPECIES    Dog <input type="checkbox"/> Cat: <input type="checkbox"/> Other: <input type="checkbox"/> _____		
AGE	D.O.B.	WEIGHT
SURGICAL PROCEDURE		DATE:

**Consent for Anaesthesia and Treatment**

The procedure outlined above has been explained to me and alternative methods of treatment of this condition have been discussed.

The administration of anaesthetics, and other medicines may be required in association with this operation/procedure/treatment(s) and these carry some risk.

Additional treatments may be needed if the Veterinarian finds something unexpected and I agree to these additional procedures being carried out as long as they are related to the primary condition. A member of staff will attempt to contact you if this occurs.

Even though the operation/procedure/treatment(s) is carried out with all due professional care, the result may not be as expected.

The operation/procedure/treatment(s) does carry some risks and complications may occur.

I have had the opportunity to ask questions about the operation/procedure/treatment(s) and I am satisfied with the answers and information I have received.

**Pre Anaesthetic bloods**

It is impossible to be sure from physical examination whether your pet is 100% healthy. Therefore we recommend a pre anaesthetic blood test to be sure of your animal's health. This costs \$88.15.

I would like a pre anaesthetic profile performed    YES     NO

**Estimated Fees**

I have been provided with an estimate of the projected costs for the surgical procedure and/or medical treatments for which the animal is being admitted to the practice. I understand that I assume financial responsibility for all the services rendered and that all payment is due at the time I collect my pet.

**I request, understand and consent** to the operation/procedure/treatment(s) outlined above.

Signature of Owner or Authorised Agent: .....

Name: .....

Date: .....

<b>ITEMS RETAINED:</b>  
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