

# Surgical/General Anaesthetic Consent Form

infoVet

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Procedure to be performed: \_\_\_\_\_

Neuter (Male)	Ear Flush/Otic Exam	Radiographs (x-rays)
Spay (Female)	Other:	
Dental Scaling Polish		

Does your pet have any of the following problems? (Please circle)

Coughing    Sneezing    Vomiting    Diarrhea    Changes In Appetite Or Water Consumption    Seizures

Other: \_\_\_\_\_

Does your pet need any other treatments today? (Please circle)

Vaccines    FeLV / FIV Testing    Microchip    Grooming    Anal Glands

Other: \_\_\_\_\_

I do hereby authorise \_\_\_\_\_ to perform a procedure requiring general anaesthesia on my animal.

I am aware of the risks involved and fully release \_\_\_\_\_ Clinic and Intervet (Pty.) Ltd. from any legal and financial responsibilities arising from anaesthetic complications.

\_\_\_\_\_  
Signature of Owner or Responsible Agent

\_\_\_\_\_  
Date

**Spay/Neuter, Vaccinate and Microchip Your Pet**