

Village Animal Clinic LLC

5303 West Broad Street, Columbus, OH 43228, Phone: 851-6660

ANESTHETIC AND SURGERY INFORMED CONSENT AND LIABILITY RELEASE

Patient Name: _____ Date: _____

Procedure to be performed: _____

Please initial to confirm you have read and fully understand each line:

- 1) I understand anesthesia & surgery involves some potential risks and complications for my pet.
- 2) I have been given an estimate and know that full payment is due at the time of discharge from the hospital
- 3) I understand the procedure(s) listed above will be performed on my pet today and have been given an opportunity to ask questions pertaining to the care and treatment of my pet

Initial of owner/authorized agent: _____

My Pet last had access to food and/or treats: Date: _____ Time: _____

My pet has received the following medications and/or over the counter supplements in the last 2 weeks:

IMPORTANT: Prior to signing this authorization and release of liability form please carefully read all text contained within and ensure you fully understand what you are signing. Please ask for clarification if you are unsure of the meaning and implication of this liability release. This is a legal document and cannot be signed by persons under 18 years of age. By signing this document you confirm you are over 18 years old and are authorized to do so by the owner of the animal listed above.

You (Village Animal Clinic) are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I agree to pay for services rendered at the time of discharge from the hospital. **I have read the foregoing, understand what it says, I have had an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to the above terms.**

COMPLICATIONS:

We make every effort to avoid complications, but *surgery complications that are outside our control are always a possibility with any procedure.* Complications might include infection, wound dehiscence (breakdown), or sutures chewed out by the pet. **The owner is fully responsible for any and all charges resulting from surgical complications.**

Signature of owner/authorized agent: _____ Date: _____

Printed name of owner/authorized agent: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Notes/Comments: _____
