

# Brandon Veterinary Clinic



David H. Watson, DVM • 2900 Hwy 18 • mail: 1037 Star Rd. • Brandon, MS. 39042  
ph: 601-824-9909 • fax: 601-824-9908 • [brandonvetclinic@yahoo.com](mailto:brandonvetclinic@yahoo.com) • [www.brandonvetclinic.com](http://www.brandonvetclinic.com)

---

---

## Anesthesia/Surgical Consent

---

---

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species:  Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Sex:  M  F  Spayed/Neutered

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and /or operate upon my pet. I understand that the use of anesthesia is required by the treatment plan described below:

Spay  Neuter  Dental  Declaw

other \_\_\_\_\_

YES, I would like my pet to have a pre-anesthetic blood panel before undergoing anesthesia. This will help the veterinarian determine if my pet is healthy enough for normal anesthesia, and if not, determine if an alternative anesthetic can be used. (additional fee)

YES, I would like my pet to have a Home Again microchip implanted while under anesthesia. (Although it does not require sedation, it is advisable to consider having your pet microchipped while under anesthesia for the scheduled procedure.)

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgement of the veterinarian.

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

All charges including boarding costs shall be paid upon release/discharge from the clinic. If the pet is not called for within 7 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 7 day period, the animal will be considered abandoned and may be adopted or disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of your services and use of your clinic, including the cost of boarding for the duration of the pet's stay.

After carefully reading the above, I have signed in agreement.

\_\_\_\_\_  
Signature of owner or representative

\_\_\_\_\_  
date