



1360 S. De Anza Blvd

San Jose, CA 95129

408.996.1155

## *Assuring Your Pet's Health for Life*

### **ANESTHESIA CONSENT FORM**

I am the owner, or owner's agent, of the above named pet. I am over 18 years of age, and I have the authority to give this authorization and do so voluntarily, having been advised of all of the probable and material risks associated with the treatment.

PROCEDURE(S) \_\_\_\_\_

ANESTHESIA

SEDATION

I understand that unforeseen conditions may be revealed during the identified procedures which, in the opinion of the attending veterinarian, may require more extensive or different procedures or treatments. I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian if reasonable efforts to contact me in advance are unsuccessful.

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Day contact phone: \_\_\_\_\_

The veterinarian has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there is a risk of death with every anesthetic, and that there can be no guarantee regarding the outcome of any procedure.

I authorize the performance of the identified procedures and the use of associated anesthetics and other medications.

I have read and understand this authorization.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_