

Bird and Exotic Clinic of Seattle

SURGERY CONSENT FORM

Patient Name:

Procedure(s) to be performed: _____

PET HISTORY

Yes **No**

Did your pet eat this morning?

Yes **No**

Do you have ANY concerns with your pet's health you would like the doctor to be aware of? If so please describe them briefly:

ADDITIONAL SERVICES OFFERED

Microchip ID implant

Wing trim

Toenail trim

Polyoma vaccine booster

IV catheter and fluids (rabbits and ferrets only)

Annual Exam

OWNER CONSENT

I am the owner, or a representative of the owner of the animal presented and have the authority to execute this consent. The nature of the procedure(s) has been explained to me and I realize that the results cannot be guaranteed. I hereby consent and authorize this hospital to perform the above anesthetic procedures and/or surgery. I understand the doctors and staff will use all reasonable precaution against injury, escape, and/or death of my pet. I understand that all anesthesia involves some minimal risk to my pet and I will not hold the doctors or staff responsible under any circumstances. I understand that I assume all risks and take financial responsibility for services rendered.

Signature: _____ Date: _____

Daytime Phone Number (_____) _____