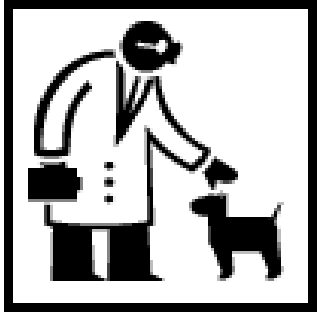


**SURGERY/ANESTHESIA ADMISSION AND CONSENT FORM
FOR SURGERY BY VETERINARY SURGICAL SPECIALISTS**



PATIENT _____ DATE _____

OWNER/RESPONSIBLE PARTY _____

PHONE NUMBER(S) YOU CAN BE REACHED AT TODAY _____

The surgeon who will be performing your pet's surgery today typically likes to speak with the pet's owner both before and after the surgery is completed. Please be sure you leave us phone numbers to contact you at through out the day, including during the lunch hour.

THE SURGEON PERFORMING THE SURGERY TODAY WILL BE _____

THE PROCEDURE(S) TO BE PERFORMED TODAY (Please specify which leg if appropriate)

Has your pet had any food since 8pm last night? Yes No

Does your pet have any medical problems or past problems with general anesthesia that we should be aware of? _____

Do you have any concerns or questions that you would like to discuss prior to the procedure? If so, please list: _____

Have you received an estimate of the fees for today's procedure? Yes No
(Please understand that surgical estimates do not typically include costs for aftercare.)

I authorize the agreed upon surgical/anesthetic procedure to be performed on my pet by the surgical specialist and staff of the Lien Animal Clinic. I understand that this is done under general anesthesia and that there are inherent risks involved, despite precautions taken. The nature and purpose of the procedure and the risks and potential complications have been fully explained to me.

I understand that the fee charged by the specialist is due prior to the procedure. The remainder of the balance is due at the time of discharge unless prior arrangements have been made.

Owner or agent's signature _____

Please note: Caseload, emergencies, and type of procedure being performed will dictate the order in which procedures are done. It is difficult to guarantee a time of completion. We will attempt to call with an update following your pet's procedure. If you haven't heard from us by 3:00pm, please feel free to call.

