



Satilla Animal Hospital
511 City Blvd. Waycross, Ga. 31501
912-283-7760 or 912-285-7044

Surgical / Sedation Consent Form

Owner Name: _____

Patient Name: _____

Procedure: _____

Your pet is scheduled for a procedure that requires the use of an anesthetic or sedation. With the inherent risk with any anesthetic, we recommend all patients be given a thorough physical exam and pre-anesthetic blood screening. This will allow us to detect many pre-existing conditions that may lead to complications with anesthesia. We will be better able to choose the safest and most effective anesthetic for your pet as well as problems that could be addressed when the animal is anesthetized.

There is an additional charge for these services and in **some cases** these may be **optional**. We offer these services to provide the best medical care for your pet.

1. I would like the pre-anesthetic blood work prior to my pet's procedure. (Required for pets 2 years and older)
The additional fee is _____.
Yes _____ No _____ Initial _____
2. I would like a pre-surgical exam performed on my pet. (Any animal not seen in the last 6 months will be required to have a pre-surgical exam)
The additional fee is _____.
Yes _____ No _____ Initial _____
3. We recommend that your pet be given 24 hour pre-operative pain injection.
The additional fee is _____.
Yes _____ No _____ Initial _____
4. We recommend that your pet be microchipped at the time of surgery.
The additional fee is _____.
Yes _____ No _____ Initial _____

I hereby authorize anesthesia / surgery for my pet. I understand that some risks always exist with anesthesia and / or surgery. While Satilla Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Satilla Animal Hospital, the veterinarians, or any staff member liable for any complications that may arise. Initial _____

Owner / Authorized Agent Signature _____