Owner:_____Patient:_____Date:_____

Referring Hospital:_____Attending Veterinarian:_____

Surgery to be performed:_____. I consent to this surgical procedure for the above patient on this location **CIRCLE ONE** **Right** **Left**

Both **Not applicable**

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the attending veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. The attending veterinarian and referring hospital will be responsible for monitoring and recovering my patient during this anesthetic procedure. I realize no guarantee or warranty can ethically or professionally be made regarding the results or cure.

Surgical Risks May Include:

1. Infection, which may require additional testing and medication at an additional cost
2. Hemorrhage or bruising
3. Swelling or edema postoperatively
4. (if applicable) implant breakage or failure, requiring additional surgery at an additional cost

Strict adherence to the post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases. Your pet will need to be under exercise restrictions until healing is confirmed by medical progress examinations. Please do not return to full activity, bathe, allow to run, play or swim until released by Dr. Wardlaw, Dr. Kimberlin or your regular veterinarian. Using the ecollar to prevent self-grooming, and strict prohibition of topical lotions/sprays on the incision, are critical to avoid incisional infections.

Gateway Veterinary Surgery occasionally feature patients on its Facebook, Instagram, YouTube or other social media sites and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. The surgeons and staff would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please initial to allow us to mention your pet_____

_____

Date Pet Owner/Agent Signature Phone I Can Be Reached at Today

_____

Date Witness signature for phone consent from owner Witness Printed Name