

**SOUTHERN COUNTIES VETERINARY
SPECIALISTS
OWNERS CONSENT FOR
ORTHOPAEDIC & SPINAL INVESTIGATION**



OWNER:

PHONE:
MOBILE:

CLIENT NO.

PATIENT NO.

NAME:

SEX:

BREED:

D.O.B:

AGE:

WEIGHT:

Consent for Anaesthesia and Treatment

Surgical Procedure:

I hereby give permission for the administration of a general anaesthetic / sedation to .

I also give permission for to undergo the procedure/operation detailed on this form, together with any other procedures which may prove necessary.

I understand that all types of sedation and anaesthesia carry a small amount of risk of complications and that these may, on rare occasions, be fatal.

I am satisfied that the procedures and potential complications have been explained adequately to me.

Estimated Fees: £

Anticipated Prognosis:

Note: Prognosis is subject to change.

I have been provided with an estimate of the projected costs for the surgical procedure and/or medical treatments for which is being admitted to the practice.

I understand that I assume financial responsibility for all the services rendered and that all payment is due at the time I collect .

I understand that non urgent procedures may be postponed at short notice due to emergencies arriving needing urgent treatment/surgery. I understand that it may be required for me to rebook for another day that is both convenient to myself and Southern Counties Veterinary Specialists.

Signature (authorised agent or owner):

Name:

Date: