

Consent Form

Kennel: _____

Starved: YES / NO

Preferred Collection Time _____

Surname: _____

Address: _____

Tel: _____

Tel: _____

Pet Name: _____

Breed: _____

Age: _____ **Gender:** _____

Insurance: YES / NO

Weight: _____ kg **On Record:** ☐

Procedure: _____

Vet : _____ **Estimated Costs: £** _____ **Pre-Anaesthetic Bloods:** YES / NO

Current Medications: _____

Last Given: _____

Belongings: _____

- ☐ I am the *owner/authorised agent for the animal detailed above and I am over 18 years old.
- ☐ I give permission for the administration of a **GENERAL ANAESTHETIC / SEDATION** to the above animal and to the **SURGICAL OPERATION / PROCEDURE** detailed on this form, together with any other procedure which might prove necessary/essential to their welfare.
- ☐ I give permission for any shaving/clipping to be performed to allow the procedure to take place safely.
- ☐ I understand that all anaesthetic techniques and surgical procedures can involve some degree of risk to the animal, and that these risks have been explained to me.
- ☐ I agree to the use of images/videos/notes to be used for staff training, client education or social media.
- ☐ To my knowledge my pet hasn't had any adverse reactions to medications in the past and, *[for routine surgery only]* I confirm my animal has not been unwell in the past 7 days.
- ☐ I understand that student Veterinary Surgeons/Nurses may be involved with my pets treatment, under the delegation of the Veterinary Surgeon.
- ☐ I am fully aware of Bilton Veterinary Centres provision for night-time care, hospitalisation and out-of-hours emergency care when we are routinely closed.
- ☐ I understand that payment will be required upon collection of the animal.

Signed: _____ **Date** _____

Admit Nurse: _____

Discharge Nurse: _____

Completed Billing: ☐ *By:* _____

Notes for Discharge: _____

Next Appointment: _____