



Drop off & Surgery Form

Pet Vet
2340 Hillsboro Road
Franklin, TN 37069
(615) 794-3838

Pet Name: _____

Best Contact Number(s) for the day: _____

Previous health concerns of problems: _____

Current Medications: _____

Additional Requests or concerns: _____

Procedure: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am at least eighteen years of age and authorize the veterinarians at this practice to perform the above procedure(s) and authorize the use of anesthesia, sedation, and other medication as deemed necessary by the veterinarian.

I understand that all procedures will be performed to the best abilities of the staff of Pet Vet, but also accept that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures. I understand that it may be necessary to provide additional medical procedures which are not anticipated for the safety and care of my pet, and I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarians' professional judgment.

I understand that some risks and potential complications always exist with sedation and/or anesthesia, regardless of health status. To minimize these risks, for all surgical procedures we require pre-anesthetic blood work and IV catheters.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand that full payment is due at the time my pet is released from the hospital.

I have read and understand the nature of the above procedures and accept the specific terms and conditions

Owner or Agent Name (Please Print): _____

Date: _____

Signature of Owner or Agent:

--