

SURGICAL CONSENT & AUTHORIZATION

Pet's Name: _____

Client's Name: _____

Today's Date: _____

Referring Hospital: _____

- This document acknowledges that I have been informed by my primary veterinarian, Dr. _____ (your vet's name) that my pet is suspected to have _____ (problem your pet is having surgery for). I have been informed of the treatment options, including surgery.
- I elect and consent for _____ (type of surgery) to be performed on my pet by Dr. Lauren Hamil, DACVS-SA.
- *If applicable: Surgery will be performed on the:
 - **CIRCLE ONE, and WRITE FRONT OR BACK LEG:** RIGHT _____ LEFT _____
- I consent for photographs and videos to be obtained of my pet for use by Peak Veterinary Surgery for case presentations, monitoring, and/or website or social media.
 - **CIRCLE ONE:** YES NO
- I understand that the anesthesia is being performed and monitored by my primary veterinarian and their staff, and that the surgery is being performed by Dr. Lauren Hamil, DACVS-SA.
- I understand the risks associated with this procedure that may include anesthetic risk, hemorrhage (bleeding), infection, wound healing complications, implant failure, recurrence, death, or other unforeseen complications.
- I understand that successful outcomes require proper home care and restrictions.
- I understand that no guarantees are being made regarding the outcome.
- If complications arise after surgery, I understand that this is NOT covered by the cost of this surgery, and I will be financially responsible for these costs of any additional care, or procedures required.

I hereby grant permission for my pet to undergo surgery performed by Dr. Lauren Hamil, DACVS-SA.

Client's signature

Client's phone number

Date