# Consent for Anaesthesia, Surgery, Hospitalisation and/or Treatment



## **CLIENT'S DETAILS**

Owner:

Mrs Fred Test Card

Address:

169 Surrenden Crescent

Brighton

DE6 1GY

01332 300323 07940678423

Procedure/Treatment:

## **ANIMAL'S DETAILS**

Pet:

Test

ID: 1-83784

Species:

Cat

Abyssinian,

Breed: Sex:

Gender Unknown, Neutered

Age:

09y 06m 07d (y/m/d)

Colour:

Ginger

Weight:

Previous: 10 kg

Current:

# ANAESTHETIC AND SURGICAL CONSENT

I hereby give my permission for the administration of an anaesthetic/sedative/medicines to my pet detailed above and to the surgical or medical procedures as detailed on this form, together with any other procedures, which may, in the best interests of my pet, prove necessary. The nature of these procedures have been explained to me and I understand that all anaesthetic and surgical procedures involve some risk to the patient. For further information please refer to the operations section on our website www.coastwayvets.co.uk/ops

#### **UNLICENSED MEDICINES**

I also give consent to the use of unlicensed medicines if they are clinically appropriate for my pet's pain relief or if they are required in an emergency. I am aware of, and accept, that there may be side-effects associated with their use. I am over 18 years of age.

# FURTHER INFORMATION

My dog has been treated for lungworm:

YIN

I would like a lungworm test (£45.00):

Y/N

Pre-anaesthetic blood test (£40.00):

YIN

Microchip (£18.00):

Y / N

Post-op wound laser treatment: (£11.00):

Y / N

Is pet insured?:

Any known allergies:

YIN

Time of most recent meal:

AM / PM

Pet's belongings:

Intravenous fluids (£50.00) Y/N

Current medicines:

## ESTIMATE OF THE COSTS

This procedure/treatment will be up to £

Deposit taken £

Please do any or all procedures necessary, but do not exceed this estimate without trying to contact me, except in an emergency.

## OWNER'S DECLARATION

Signed:

Date:

Contact number(s) on day of procedure:

Landline:

Mobile: