



Anesthesia and Surgical Consent Form

County Animal Hospital Inc.
49 Congers Road
New City, NY 10956
Phone: 845-634-4607

Robert J. Weiner VMD ABVP | Susan Rothstein DVM

Date: _____

Owner's Name: _____ Pet's name: _____

Species: _____ Breed: _____ Gender: _____

I am the owner or agent for the owner of the animal described above and I have the authority to execute consent.

I authorize the performance of the following procedure(s) or operations(s): _____

I authorize the insertion of a permanent identification microchip: Yes ____ No ____

My Pet has not eaten since (Day) _____, (Time) _____

Please specify what medication(s) you pet was given and time/date most recently given?

To your knowledge has this patient ever had any adverse reactions to anesthesia or tranquilizer?

Yes ____ No ____ (if yes, please specify) _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or a different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to, and authorize the performance of such procedure(s) or operation(s). I also authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised to the nature of the procedure(s) or operations(s) and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent, and agree to pay 1/2 of the estimated charges at admission, and the balance in full when the pet is discharged.

** We offer a complimentary nail trim for anesthetic procedure. If you **DO NOT** want us to trim your pet's nails please inform us. **

Client/Agent Signature: _____ Date: _____

Best Phone Number to reach you _____ Admitting staff Initials: _____

Name and phone number of alternate contact and/or pick up person: _____