

**Austin Vet Hospital**

2908 N. I-H 35  
Austin, TX 78705  
(512) 476-9191

**Surgical and Medical Consent Form**

**Client ID:**  
**Client Name:**  
**Address:**

**Telephone:**

**Patient:**  
**Name:**  
**Species:**  
**Breed:**  
**Sex:**  
**DOB:**

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

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\_\_\_\_ I understand that during the performance of the above procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement. These procedures may result in an additional cost.

\_\_\_\_ I have been advised as to the nature or the procedure(s) and risks involved. I realize that results cannot be guaranteed. I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Austin Vet Hospital, the veterinarians or any team member liable for any complications that may arise

\_\_\_\_ I understand that I am financially responsible for payment at time of service. I understand that a deposit may be needed and that an estimate will be provided if desired.

DEPOSIT AMOUNT \_\_\_\_\_

I am the owner or agent for the above described animal and have the authority to execute this consent. I authorize anesthesia/surgery/ diagnostics for my pet. The nature and risks of this procedure have been explained to me. My signature on this consent form indicates that questions have been answered to my satisfaction and that I accept full financial responsibility.

**SIGN** \_\_\_\_\_ **DATE,**

**It is very important we can reach you, Best contact numbers to be reached during the procedure;**

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Flea Check: \_\_\_\_\_