

# FAIRFIELD VETERINARY HOSPITAL

## Anesthesia and Surgical Consent Agreement

I am the owner of \_\_\_\_\_, or am acting as an authorized agent for the owner and accept full responsibility. I authorize Fairfield Veterinary Hospital to perform the following procedures on the above pet(s):

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I understand that these procedures involve anesthesia and consent to its use. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment.

When did your pet last eat? \_\_\_\_\_

What medications has your pet taken in the past 14 days? \_\_\_\_\_  
\_\_\_\_\_

**ALL CHARGES ARE DUE IN FULL UPON RELEASE.** Estimates are available upon request.

I agree that in the case of nonpayment all collection and attorney fees necessary to collect this debt will be born by me.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Phone number(s) where you can be reached  
\_\_\_\_\_

Would you like your pet to have a microchip implanted today? \_\_\_\_ yes \_\_\_\_ no