

Affordable Vet Clinic, LLC
17010 West Newberry Road
Newberry, FL 32669
Phone : 352-472-3277
Fax: 352-472-3279

Surgery Consent Form

I, being responsible for _____ (pet's name), have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the surgery or treatment contemplated is:

You are to use responsible precautions against injury, escape, or death of my pet, but, you will not be held liable or responsible in any matter in connection therewith as it is thoroughly understood that I assume all risks. **After carefully reading the above, I have signed in agreement**

Owner's Printed Name

Owner's Signature

____/____/____

Date

Blood Work Disclaimer

Your pet must be current on a heartworm test/prevention prior to anesthetics. For all pets 6 years of age and older, or at Dr. Marlene Pinera.'s discretion, blood work is required for surgical procedures. For all other pets, blood work is suggested when undergoing anesthesia, but is not required. The blood work fee is \$75.00. **I acknowledge that blood work may be required for my pet if they fall under the above conditions.**

Owner's Signature

(____)____-____
Best Contact Number

_____ LBS
Weight of pet

_____:____ am/pm
NPO