

**Gainesville Veterinary Hospital  
1363 Thompson Bridge Road  
Gainesville, GA 30501  
770-532-0491**

## **Surgical Consent Form**

Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex, Age: \_\_\_\_\_

Color: \_\_\_\_\_

I, the undersigned, authorize \_\_\_\_\_ surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) are started. My signature on this consent form indicates that questions have been answered to my satisfaction.

I authorize Gainesville Veterinary Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Gainesville Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Gainesville Veterinary Hospital, the veterinarians or any team member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY CONSENT FORM.

Signature of Pet Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I can be reached: \_\_\_\_\_

