



Hancock Animal Hospital, LLC

55 Hancock Street, Quincy MA 02171

617-773-0008

Surgery/Dental/Anesthesia/Sedation Consent Form

Thank you for filling out this consent form. If you have any questions, please do not hesitate to ask.

I, the undersigned, am the owner, or duly authorized agent of the owner, hereby consent for my veterinarian and veterinary staff to administer Anesthesia / Sedation and perform surgery and or a dental on my animal (pet). I understand that there are inherent risks with Anesthesia/Sedation and Surgery/Dental. These include (but not limited to): seizures, allergic reaction, coma, or in rare cases death. Anesthesia/Sedation reactions are rare but can occur in anyone undergoing anesthesia/sedation. I also consent to the Surgery and/or Dental procedure listed below and understand that surgery/dental complications are possible. These include (but not limited to): infection, dehiscence (incision comes apart), fractured jaw, tooth root remnant remaining or recurrence of the problem. This consent will include any and all follow-up procedures for the same problem. If I have any questions or concerns, I will discuss them with my veterinarian prior to the procedure.

Does your pet have any prior medical condition(s)? **Yes** / **No**

If yes, please describe:

Is your pet on any medications? **Yes** / **No** Allergic to any medications? **Yes** / **No**

If yes, please describe:

Procedure: ANESTHESIA and

Printed Name: _____

Animal (pet): _____

Phone #: _____

Please circle: Dog/Cat **/Other** **Breed:** _____

Signature: _____

Date: _____

Witness: _____