



# WILDWOOD VETERINARY CLINIC

## Surgical/Anesthesia Consent

wildwoodvetclinic.com • 503.477.4757  
3734 SW Moody Ave. Portland, OR 97239

CLIENT NAME: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME OF LAST MEAL: \_\_\_\_\_ Please list items left with your pet: \_\_\_\_\_

List all medication(s) your pet is on: \_\_\_\_\_ Last doses given (time): \_\_\_\_\_

### I authorize Wildwood Veterinary Clinic to perform the following procedure(s) on my pet:

Spay/Neuter Surgery  Mass Removal  Dental Cleaning

Other \_\_\_\_\_

**\*\*PLEASE NOTE: Pets having surgery and/or an IV catheter will have fur shaved at corresponding sites.**

### I request the following add-on services to be performed with my pet's procedure:

Sedatives for recovery  E-collar  Microchip  Update vaccines  Anal gland expression

Nail trim  Other \_\_\_\_\_

*If your pet is getting spayed and is currently showing any signs of being in heat, please contact us immediately as we may elect to postpone the surgery for the safety of your pet.*

### COMPLETE FOR DENTAL CLEANINGS ONLY

#### Please select ONE of the following:

\_\_\_\_\_ (initial) I authorize Wildwood Veterinary Clinic to perform any recommended dental x-rays, extractions, minor oral, or non-oral surgery not listed on estimate WITHOUT contacting me first, with NO LIMIT to the dollar amount above my estimate.

\_\_\_\_\_ (initial) I authorize Wildwood Veterinary Clinic to perform any recommended dental x-rays, extractions, minor oral, or non-oral surgery not listed on estimate WITHOUT contacting me first, up to an amount of \$\_\_\_\_\_ above my estimate.

\_\_\_\_\_ (initial) Please contact me to discuss additional recommended procedures, and if I am unable to be reached at the contact info provided, please do NOT perform any additional procedure that has not been previously discussed. I understand that this may result in the need for a second anesthetic procedure with associated costs.

Please contact me AFTER surgery  Yes  No Would you prefer:  Call  Text  Email

Phone #1 \_\_\_\_\_ Email #1: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Email #2: \_\_\_\_\_

\_\_\_\_\_ (initial) I have been provided an estimate for my pet's procedure and accept the estimated charges.

*I hereby consent and/or authorize Wildwood Veterinary Clinic to induce and maintain general anesthesia and to perform the needed surgical procedure for my pet. I understand that all anesthetic and surgical procedures involve some minimal risk to my pet. Wildwood Veterinary Clinic and its employees will not be held liable or responsible in any manner whatever or under any circumstances in connection there with as it is thoroughly understood that I assume all risk. I have been informed of the possible risks and complications that may arise during this procedure.*

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_