

Elective Surgery Consent

Owner's Name:

Phone Number:

Pet's Name:

Animal Hospital:

Phone Number:

Attending Clinician:

Surgical Procedure (if applicable; MUST include which limb):

I have been advised as to the nature of the surgery described above. Complications and the risks involved have been discussed. I authorize Marian Benitez, DVM, MS, DACVS-SA to perform this surgery. I also understand that the above clinic/hospital (with assistance of the DVSC team as needed) will be using appropriate anesthetics and medications needed to perform this surgical procedure and will be responsible for monitoring my pet.

Signature: _____ Date: _____