

Rescue Surgical Consent Form



Rescue/Foster Group _____

Foster or person dropping off _____

Primary phone number(s) for questions and payment _____

Who is paying for services? _____ CC on File **Yes / No** (if no please enter card info below)

Credit Card _____ Exp _____ CVC _____

Pets Name	Sex <i>Please circle</i>	Surgery	Species <i>Please circle</i>	Description Breed/Color/Age	Services covered by rescue (DOG)	Services covered by rescue (CAT)	EXTRA services <u>COVERED</u> by rescue	Weight <i>Staff Use Only</i>	
	M F	Spay Neuter Other:	DOG CAT		<input type="checkbox"/> Rabies <input type="checkbox"/> Da2PP <input type="checkbox"/> Da2PP + Lepto <input type="checkbox"/> Bord <input type="checkbox"/> HW Test	<input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> FVRCP/FeLV combo <input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> E-Collar <input type="checkbox"/> Microchip <input type="checkbox"/> Pain Meds <input type="checkbox"/> Other:	<input type="checkbox"/> Hernia Repair <input type="checkbox"/> In Heat <input type="checkbox"/> Pregnancy <input type="checkbox"/> Cryptorchid	
	M F	Spay Neuter Other:	DOG CAT		<input type="checkbox"/> Rabies <input type="checkbox"/> Da2PP <input type="checkbox"/> Da2PP + Lepto <input type="checkbox"/> Bord <input type="checkbox"/> HW Test	<input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> FVRCP/FeLV combo <input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> E-Collar <input type="checkbox"/> Microchip <input type="checkbox"/> Pain Meds <input type="checkbox"/> Other:	<input type="checkbox"/> Hernia Repair <input type="checkbox"/> In Heat <input type="checkbox"/> Pregnancy <input type="checkbox"/> Cryptorchid	
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SURGICAL CONSENT

I hereby authorize Dr. Kelly's surgical team to provide veterinary medical and surgical care to above listed pets. I understand the nature of today's procedure(s) and have had the opportunity to ask questions related to potential side effects, risks, and difficulties. I am aware that complications may arise during surgery, and no guarantees have been made or implied concerning the results of the surgery. I understand that Dr. Kelly's Surgical Unit is not responsible for any costs that may arise as a result of surgical complications. I acknowledge that I have fully read and understand this surgical consent and agree to proceed with the scheduled surgery.

Name: _____ Signature: _____ Date: _____