

**GENERAL ANESTHESIA CONSENT FORM**

To: \_\_\_\_\_  
Hospital and/or Veterinarian

Owner's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Zip

Name of Animal: \_\_\_\_\_ Species: \_\_\_\_\_

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

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatment.

I understand that support personnel will be used as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

\_\_\_\_\_  
Signature of Owner or Agent

Date: \_\_\_\_\_

**SUGGESTED**  
**SAMPLE**