



TCHEFUNCTE  
ANIMAL HOSPITAL

216 HIGHWAY 21 - MADISONVILLE, LA 70447 985.845.7484

### General Anesthesia/Surgery Consent Form

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

I hereby consent and authorize the doctor(s) at Tchefuncte Animal Hospital, LLC to perform upon my pet: \_\_\_\_\_, the following procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Potential complications, while rare, can include swelling, delayed healing, infection, and rarely, death.

To minimize the risk of complications, please be prepared to follow all post-operative discharge instructions including keeping your pet confined, administering all medications as directed, and ensuring your pet is eating, drinking, urinating, and defecating normally. If sutures are present, an E-collar may be sent home with your pet to help prevent licking. Please ensure your pet wears it for 10 days post-op.

I authorize the use of professionally accepted general anesthesia to perform this surgery as deemed necessary by the doctor(s). I understand that support personnel will be used as needed by the veterinarian.

I have been advised as the nature of the above procedures and the risks involved in performing general anesthesia to the above animal. **I realize that results cannot be guaranteed.** I understand that most medical and surgical procedures are accompanied by some risks (**including death**), especially when anesthesia is used.

If an emergency arises, I give the doctors and support personnel permission to do whatever they deem necessary to handle the emergency. I expect to be notified of any problems as soon as comfortably possible if they arise.

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

While sedated, would you like for a **microchip** to be placed in your pet to aid in identification in case he/she is lost?.....(circle one) **YES** **NO**  
*(\$10 off regular microchip price if done concurrently with another procedure)*

Emergency phone numbers: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_