
SURGICAL CONSENT
ALISO BEACH ANIMAL CLINIC

30816 Coast Highway
South Laguna, CA 92651
Telephone: (949) 499-4190

Owner's Name _____ Date _____
Address _____
City/State _____ Zip _____
Home Phone _____ Work Phone _____
Animal's Name _____
Species _____ Breed _____ Color _____
Age _____ Sex _____ Weight _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the surgery or treatment contemplated is:

I, the undersigned owner or authorized agent of admitted patient, have read the above and hereby authorize Aliso Beach Animal Clinic (its doctors and staff) to administer such treatments and anesthetics as necessary to perform the above mentioned procedure. Further, I understand why such diagnostic, medical and/or surgical procedures are recommended.

The advantages and possible complications, as well as possible alternative modes of treatment, have been explained to me. I understand that no guarantee of successful treatment is either made or implied. I understand that it is hospital policy that all charges are due and payable upon my pet's release. Any animal not picked up within the time agreed upon or by the time required by section 1834.5 of the California Civil Code shall be deemed abandoned by the owner and will be disposed of according to Section 1834.5 through 1834.6 of the California Civil Code.

I DO DO NOT consent to the administration of the above treatments.

I DO DO NOT authorize emergency treatment without my approval.

Owner's Signature

Emergency Phone Number

Date