

Walter H. Marsch, DVM

Patrick J. Marsch, DVM

Surgery Consent Form

Owner's Name _____ Pet's Name _____ Date _____

Phone number(s) where you can be reached _____

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize Dr. Marsch and the staff of East Side Animal Hospital to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that hospital support personnel will be used as deemed necessary by Dr. Marsch.

Signature _____ Date _____