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Surgical Consent Form

Today's Date _____

Client's Name (pet owner or party responsible) _____

Patient's Name _____

Canine _____ Feline _____

Contact Number _____ Email Address _____

Referring Hospital _____

Referring Veterinarian (DVM) _____

I, as the owner or party responsible for the patient listed above, hereby authorize the doctors and staff of SoftSurg, Incorporated to perform the following procedure(s):

Procedure Date _____

I understand that anesthesia will need to be administered to accomplish the surgical procedure(s). The Referring Veterinarian and Referring Hospital will be responsible for monitoring and recovering the Patient during this anesthetic event.

_____ I have read and understand

It has been explained to me that conditions may arise during the procedure(s) whereby a differing or additional procedure(s) may need to be performed to prioritize the Patient's safety and well-being. I understand that efforts will be made to contact me prior to such procedure(s) being performed, but there may be instances where it is in the best interest of the Patient to proceed without delay and/or Client confirmation.

_____ I have read and understand

(continued on next page)

I have been advised as to the nature of the procedure(s) and the inherent risks involved with surgery and anesthesia. I understand that complications, including but not limited to infection, swelling, edema, hemorrhage, implant failure, cardiac arrest and death, could result. I acknowledge that no guarantee can be or has been made as to any long- or short-term result or cure. While uncommon, some complications may require additional treatment or surgery, at an additional cost.

_____ I have read and understand

I have been advised that strict adherence to the post-surgical care plan outlined by SoftSurg, Incorporated and/or my Referring Veterinarian is crucial to minimizing potential complications and/or adverse side effects. These include but are not limited to restricting exercise, abstaining from bathing or swimming, and wearing an E-collar or surgical recovery suit. I understand that all follow up care will be performed by the Referring Veterinarian, unless otherwise arranged by SoftSurg, Incorporated, and may incur an additional cost.

_____ I have read and understand

A cancellation fee of \$300 will be charged if a scheduled procedure is cancelled or rescheduled within 36 hours (not to include Saturday or Sunday) of the scheduled surgery date.

_____ I have read and acknowledge the cancellation fee

By signing here I authorize and understand by written consent the above information.

_____ I authorize and consent to surgery on my pet

Signature _____

SoftSurg Incorporated

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