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## GENERAL ANESTHESIA/SURGERY CONSENT

Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Animal's Species: \_\_\_\_\_ Animal's Age: \_\_\_\_\_

I, the undersigned, certify that I am the owner/agent of the animal described above. I give B-C Large Animal Clinic permission to perform anesthesia and the following procedures: \_\_\_\_\_

While there are risks associated with general anesthesia, be assured that B-C Large Animal Clinic will take every precaution to minimize risk.

In the event that you cannot be present for the procedure, it is important that we have a phone number where you can be reached if consultation is necessary while your animal is under anesthesia:

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you can't be reached, do you want the veterinarian to proceed at his/her own discretion? Yes No

Does animal have any history of SEIZURES? Yes No

I hereby authorize B-C Large Animal Clinic to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my animal on a continuing basis until further communication with me. I have been given an estimate and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

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

Staff Signature: \_\_\_\_\_