





OCONEE  
VETERINARY  
HOSPITAL

**Surgical Consent**  
**Oconee Veterinary Hospital**  
**706-769-7513 • fax 706-769-9142**

Date \_\_\_\_\_  
 Owner \_\_\_\_\_  
 Pet's name \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_  
 Today's Phone Number \_\_\_\_\_

As the owner or agent of the above animal, I hereby give my consent to Oconee Veterinary Hospital to perform the following procedures:

- 1. Neuter  \$ \_\_\_\_\_
- 2. Spay  \$ \_\_\_\_\_
- 3. Dental  \$ \_\_\_\_\_
- 4. Mass removal  \$ \_\_\_\_\_
- 5. Declaw  \$ \_\_\_\_\_
- 6. Microchip  \$ \_\_\_\_\_
- 7. Vaccines  \$ \_\_\_\_\_
- 8. Other \_\_\_\_\_

I understand that during the performance of this/these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Oconee Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has been explained to me and I realize results cannot be guaranteed. I am aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet(s).

**All services must be paid for at the time they are rendered.** We do not post date checks or extend credit. We do take Cash, Check, American Express, Discover, Visa, MasterCard, and Care Credit.

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ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

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Owner's signature \_\_\_\_\_

Staff signature \_\_\_\_\_