



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.

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.

Owner's signature _____

Staff signature _____