



Mobile Veterinary Surgery, LLC

informed consent

Patient: _____ **Client:** _____ **Date:** _____

Procedure: _____

I, the undersigned, certify that I am the owner or guardian for the animal described.

I authorize Dr. Arthur and the medical staff to perform the procedures described above, including administration of pain relief medications, sedatives, and/or anesthetic agents, as well as performance of any necessary and appropriate medical, imaging, surgical, nursing, diagnostic, and/or emergency/critical care for the animal.

I have been advised as to the nature of the procedures and associated risks. I understand that risk exists with all anesthesia, and with all surgery.

I understand that no guarantee of successful treatment can be made.

I assume financial responsibility for all charges and services incurred.

The cost for this procedure is estimated to be \$ _____.

Owner/Guardian printed name: _____

Owner/Guardian signature: _____

Date: _____