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CONSENT TO PERFORM ANESTHESIA AND SURGERY

Pet's Name : _____

Owner's Name: _____

E-Mail: _____

Cell Phone #: _____

I, the undersigned, being owner or authorized agent of the above described pet, consent and authorize Drew Weigner, DVM and/or Nancy Stumpf, DVM to perform the following procedures:

- | | | |
|------------------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Spay | <input type="checkbox"/> Tumor Removal | <input type="checkbox"/> Radiograph |
| <input type="checkbox"/> Neuter | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Abcess |
| <input type="checkbox"/> Front Declaw | <input type="checkbox"/> Laceration Repair | <input type="checkbox"/> Microchip |
| <input type="checkbox"/> Front and Back Declaw | <input type="checkbox"/> Cystotomy | <input type="checkbox"/> _____ |

I understand that such procedures entail a degree of risk to the patient, particularly if unforeseen medical or physical conditions exist. To minimize risks and monitor my pet's health, a Preanesthetic Profile has been recommended to me. The cost of these important lab tests is \$98.00.

I ACCEPT the recommended Preanesthetic Profile

I DECLINE the recommended Preanesthetic Profile

I understand that unforeseen conditions may be revealed that necessitate an extension of or different procedures than those set forth above. Therefore, I do hereby consent to such procedures as are necessary in the veterinarian's professional judgment. I acknowledge that no warranty or guarantee has been made as to the result or cure. I have read and understand this form.

Date: _____

Signed: _____

Phone number where you can be reached today: _____