

**PARKWOOD ANIMAL HOSPITAL**

Triangle Square Shopping Plaza

4849 NC 55 Hwy.

Durham, N.C. 27713

(919) 544-7711

**Michele Stech, VMD**

**Cindy Rowe, DVM**

Surgery Consent Form

For:

\_\_\_\_\_  
Pet Name

\_\_\_\_\_  
Surgery to be Performed

I fully understand the surgical procedure to be performed on my animal. I am aware that general anesthesia will be used and consequently, the doctor may recommend that the animal stay for one night, (or more depending on the surgery done), for the safety of all persons and animals involved.

\*I understand the risks involved as a consequence of anesthesia and surgery.

\*I affirm that the animal has not had any food to eat in the past 12 hours.

\*I understand that if my animal is having an Ovariohysterectomy and is over the age of 2, there will be an additional charge due to increased time and difficulty of the procedure.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number