



Veterinary Surgical Consent and Release Form

Owner's Name: _____ Phone Number: _____

Patient's Name: _____ Procedure Date: _____

Referring Hospital: _____ Attending Veterinarian: _____

Surgical Procedure(s) to be Performed:

Please circle if applicable: **LEFT LEG** **RIGHT LEG**

Consent and Authorization: I, the undersigned pet owner or the owner's authorized agent, hereby consent to and authorize Dr. W. Wesley Kimberlin to perform the surgical procedure(s) listed above. I have discussed the listed surgical procedure(s) and the importance of pre-surgical diagnostics, including but not limited to bloodwork and radiographs, with the referring veterinarian. I understand that Dr. Kimberlin and his assistants may administer anesthesia and will monitor its use as necessary. I authorize Dr. Kimberlin, his staff, my referring veterinarian, and/or the referring hospital to administer pain relief medications, sedatives, and/or anesthetics as they see fit for the procedure(s) and to provide medical, radiological, surgical, nursing, diagnostic, and emergency care as they deem necessary and appropriate in connection with the procedure(s).

Acknowledgement of Risks and Complications: I understand that all surgical procedures and anesthetic protocols involve inherent risks, including but not limited to infection, hemorrhage, swelling, bruising, implant failure, allergic reactions, and even death. I understand that unforeseen conditions may arise during the procedure, which could require extending or modifying the procedure(s) or adding extra treatments. I authorize Dr. Kimberlin and/or the referring veterinarian, along with their assistants, to perform any additional or different procedures necessary or advisable for the patient's health and well-being, at their reasonable discretion. I acknowledge that complications might require further diagnostics and surgery at an additional cost. I have discussed these risks with the referring veterinarian and/or Dr. Kimberlin and understand the potential complications. I also understand that no guarantees or warranties have been made regarding the results, and Dr. Kimberlin cannot promise the procedure(s) will be successful. I accept these risks and give my consent to proceed.

Post-Operative Care: I understand the importance of post-operative care and will follow the instructions provided by the veterinary staff for the care of my pet after surgery. I agree to return for follow-up visits as directed and to contact the referring veterinary hospital immediately if any post-operative complications arise. I understand that failure to follow post-operative care instructions and/or failing to attend follow-up visits can increase the risks outlined above.

Authorization and Release: By signing below, I acknowledge that I have read and fully understand this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily give my consent and authorization for the above-named procedure(s) to be performed by Dr. Kimberlin, his staff, and the referring veterinary hospital staff.

Owner/Agent Signature: _____ Date: _____

Witness Signature: _____ Date: _____