



Linnet Way  
 Brickhill  
 Bedford  
 Bedfordshire  
 MK41 7HN  
 Tel: +(0)1234 261 839  
 E: info@acornhousevets.co.uk

**ANAESTHETIC, CLINICAL AND SURGICAL PROCEDURES CONSENT FORM**

<b>Client/Owner</b>	
<b>Address</b>	
<b>Emergency Contact Numbers</b>	
<b>Email</b>	

**PATIENT INFORMATION**

<b>Name</b>		<b>Species</b>	
<b>Sex</b>		<b>DOB</b>	
<b>Weight</b>		<b>Patient Ref</b>	
<b>Insured</b>		<b>Dietary Needs</b>	
<b>Insurance Policy Provided</b>	<b>Yes/No</b>	<b>Belongings With Pet</b>	
<b>Any Warnings? (e.g. drug reactions)</b>		<b>Current Medication &amp; Time of Last Dose</b>	



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### MEDICAL/SURGICAL INFORMATION

<b>Procedure</b>	
<b>General Anaesthetic/Sedation</b>	
<b>Time Last Ate</b>	
<b>Dental Treatment</b>	<b>Yes/No</b>
<b>Do you give permission for us to clip your pets nails and/or matted fur whilst under anaesthetic (no additional charge)</b>	<b>Yes/No</b>
<b>Estimate</b>	
<b>Method of Payment on Collection</b>	<b>Card, Cash, Insurance</b>

### CONSENT AND DISCLAIMERS

(1) I hereby give permission for patient.name to undergo the investigation/treatment/surgery/general anaesthetic/ hospitalisation detailed above.



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(2) The nature of these procedures has been explained to me, and I understand that all anaesthetic and surgical procedures involve some risk to the animal. In general:

*-General anaesthetic risks may include problems with blood pressure, temperature regulation, breathing and death.*

*-Surgical risks may include problems with bleeding, infection, and wound breakdown.*

*-Dental risks may include problems with gum healing, infection, retention of root fragments and jaw fracture.*

*-Additional complications for this procedure:*

Treatment of complications will incur additional costs. Please bear in mind that any dental treatment may not be covered by insurance. My personal data may be shared with referral laboratories and other veterinary practices. In the event that the practice is unable to contact me I understand that they will act in the best interests of  $\{patient.name\}$  which in an emergency situation could involve the use of medicines not authorised for use in  $\{patient.name\}$ , or in an extreme situation, euthanasia.

(3) There is a veterinary nurse on site at Acorn House at all times, but I understand that although inpatients are assessed regularly, continuous observation is not provided throughout the night (overnight checks are usually midnight, 3am and 7am).

(4) Acorn House is registered as a veterinary nurse training practice and as a training placement for veterinary students from the Royal Veterinary College. I understand that student nurses and vets may be



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involved in the care of my pet, under the supervision and direction of the registered veterinary nurses and veterinary surgeons at the practice.

(5) I understand that Acorn House cannot be held responsible for any loss or damage to any items left at the surgery.

(6) I agree to pay in full the costs of treatment prior to \${patient.name} being discharged and recognise that the total cost may be more than the estimate provided. I confirm that I am over 18 years of age. Please note that payment over the telephone prior to collection is preferred, to avoid queues and delays in the waiting room at the collection time.

### USE OF UNLICENSED PRODUCTS

Sometimes medications are used in the hospital that have not been authorised (put through regulatory assessments for safety, quality and efficacy) for that species or purpose. The use of these medications may be clinically and legally justified in the absence of a suitable authorised medication. Although many medications are used regularly in this way, it must be accepted that there is a possibility of side effects that are not widely known. Unauthorised medications that may be used in this procedure may include (delete as appropriate): paracetamol / trazodone / mirtazapine / co-amoxiclav / omeprazole / metronidazole

### SIGNATURE OF CONSENT

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Name in Capitals:** \_\_\_\_\_

**Please tick here if you are not the owner of \${patient.name} but  
have permission to sign on behalf of the owner  Contact Details:**

\_\_\_\_\_

**OFFICE USE ONLY**

SAMPLE