

**Kettle Moraine Veterinary Clinic, S. C.**  
**Surgical Consent Form**

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

**Please read and complete this form. This form must be signed and turned into us 48 hours before the scheduled surgery day.**

- **It is important to remove all food after 9:00pm the night before your pet's procedure and limit water intake the morning of the procedure.**
- **Surgery check-in time is between 6:00am and 7:00am; surgeries will be done throughout the day. If you have questions for the veterinarian regarding the procedure, an appointment will need to be scheduled prior to the day of surgery.**

**Current Medication(s):** \_\_\_\_\_

**Last Time Medications Administered:** \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner/agent. I do hereby give Kettle Moraine Veterinary Clinic (KMVC), their doctors, employees and/or representatives full and complete authority to perform the surgical procedure described below along with any emergency procedures as deemed necessary. A complimentary nail trim is performed for all surgery patients.

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I release KMVC, their doctors, employees, and/or representatives from all liability arising from said surgery on said animal. I understand that the above anesthetic and surgical procedures may involve but are not limited to risk of complications, injury, or in extreme cases, even death. These complications can arise from both known and unknown causes and no warranty or guarantee has either been expressed or implied. Furthermore, I authorize KMVC and its doctors, employees, and/or representatives to perform all necessary measures for the well-being of said pet in the event of a medical emergency (CPR, etc.) I agree to assume financial responsibility for all routine and emergency services rendered.

**ATTENTION!**

Your signature below constitutes your acknowledgement that you have read and agreed to the below form in entirety, the procedure (s) have been explained to your satisfaction and that you have all the information that you desire, you have had the chance to ask questions, and you authorized and consent to the performance of the procedure(s) and to the administration of anesthesia.

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact number**