SURGICAL CONSENT FORM

SOUTHSIDE ANIMAL HOSPITAL

PET: OWNER:		
I am the owner or agent for the above described pet and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s):		
necessitate the e consent to and a	t during the performance of the foregoing procedurextension of the procedure(s) or different procedure uthorize the performance of such procedure(s) as a rofessional judgment.	e(s) than those set forth above. Therefore, I hereby
	the use of appropriate anesthetics, and other medic personnel will be employed as deemed necessary	
	MICROCHIPPI	ING
identification nu collar on (most I implant this chip	small identification chips that may be implanted un imber that is connected to your information. If you pets found do not have a collar on) they can be sca o an injection is given similar to a vaccination, sim- our pet while they are under anesthesia today.	r pet gets lost and is taken to a shelter without a nned for a microchip and returned back to you. To
	•	cochip. This includes the microchip, one time ave to be purchased each year for my information
No, I do	not authorize my pet to be microchipped today	
	PAYMENT POL	ICY
for all procedure	yment is expected in full at the time services are press. I agree to make full payment for all services ccepted forms of payment.	
Date	Signature of Owner/Agent	Day Phone Number