

Elective Surgery Consent

Owner's Name _____

Pet's Name _____

Animal Hospital/Attending Clinician _____

Surgical Procedure (if applicable, MUST include which limb) _____

My Phone Number(s) Today _____

I have been advised as to the nature of the surgery described above and the risks involved. I authorize, Dr. Rebecca Tudor, DACVS or Dr. Elizabeth Taylor, DACVS to perform this surgery. I also understand that the above clinic/hospital (with assistance of the TVSS team as needed) will be using appropriate anesthetics and medications needed to perform this surgical procedure and will be responsible for monitoring my pet.

Signature _____ Date _____

Witness _____

*****If this form is not complete, the surgery will have to be rescheduled*****

_____ Yes, I give TVSS permission to use my pet's picture/video & first name on TVSS social media sites

_____ No, I do not give TVSS permission to use my pet's picture/video & first name on TVSS social medial sites