



4716 Roswell Rd., NE  
Atlanta, GA 30342  
(404) 257-0048  
FAX (404) 255-1156  
www.thecatdoctoratlanta.com

## CONSENT TO PERFORM ANESTHESIA AND SURGERY

Pet's Name : \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

I, the undersigned, being owner or authorized agent of the above described pet, consent and authorize Drew Weigner, DVM and/or Nancy Stumpf, DVM to perform the following procedures:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Spay                  | <input type="checkbox"/> Tumor Removal     | <input type="checkbox"/> Radiograph |
| <input type="checkbox"/> Neuter                | <input type="checkbox"/> Dentistry         | <input type="checkbox"/> Abcess     |
| <input type="checkbox"/> Front Declaw          | <input type="checkbox"/> Laceration Repair | <input type="checkbox"/> Microchip  |
| <input type="checkbox"/> Front and Back Declaw | <input type="checkbox"/> Cystotomy         | <input type="checkbox"/> _____      |

I understand that such procedures entail a degree of risk to the patient, particularly if unforeseen medical or physical conditions exist. To minimize risks and monitor my pet's health, a Preanesthetic Profile has been recommended to me. The cost of these important lab tests is \$98.00.

I ACCEPT the recommended Preanesthetic Profile

I DECLINE the recommended Preanesthetic Profile

I understand that unforeseen conditions may be revealed that necessitate an extension of or different procedures than those set forth above. Therefore, I do hereby consent to such procedures as are necessary in the veterinarian's professional judgment. I acknowledge that no warranty or guarantee has been made as to the result or cure. I have read and understand this form.

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

Signed: \_\_\_\_\_

Phone number where you can be reached today: \_\_\_\_\_