



**Los Osos Pet Hospital**  
2239 A Bayview Heights Drive  
Los Osos , CA 93402  
(805) 528-4111



### Anesthesia/Surgery Consent Form

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

Client ID:		Patient ID:	
Client Name:		Name:	
Address:		Species:	
		Breed:	
		Sex:	
Telephone:		Color:	
		Markings:	
		Birth Date:	

Anesthetic and surgical procedure(s) to be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I own/have assumed financial responsibility for the above described animal and I do hereby consent and authorize Los Osos Pet Hospital and its staff to hospitalize this animal, and to administer any vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors deem necessary for the health, safety or wellbeing of the above animal while it is under their care and supervision. I understand that an estimate of the costs of these veterinary services will be provided to me, at my request, and that I am encouraged to discuss all fees related to such care before services are rendered and during my pet's ongoing medical treatment.

If this animal should injure itself in an escape attempt, refuse food, soil themselves, become ill or die while in the hospital, I will hold Los Osos Pet Hospital free of any responsibility and /or liability in the absence of gross negligence. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for this care. I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

I further realize that I am responsible for payment for the above procedures and treatments, in full, at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the above address, you may assume that the pet is abandoned. You are then authorized to secure guardianship of the pet and process the animal as you see fit. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of non-payment, a finance charge of 1.5% per month (18% per year) and/or a \$2.00 billing charge will be charged to my account and that any collection fees or attorney fee will be paid by me.

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Signature of Owner or Agent

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Date

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Phone Number (Where you can be reached today)