

**Arch Beach Veterinary Clinic**  
**2900 South Coast Highway**  
**Laguna Beach, CA 92651**

David A. Gordon, DVM

**SURGICAL AND ANESTHETIC CONSENT FORM**

Procedure: \_\_\_\_\_

I, the undersigned, owner or authorized agent of the **admitted patient:** \_\_\_\_\_, hereby authorize David A. Gordon, DVM and his designated associates and assistants to administer such treatment as is necessary to perform the above mentioned procedures and additional procedures as are considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics as are necessary.

I have received an estimate of charges for the procedure(s) that will be performed and assume financial responsibility for all charges incurred to patient, and agree to pay all charges at the time of release of such patient.

I here by certify that I have read and fully understand the above medical and surgical consent. I also understand that charges will be made for services provided and that I am responsible for all expenses that are incurred.

I consent to admit the above described patient to Arch Beach Veterinary Clinic and have been informed of the importance of the suggested pre-surgical diagnostics. I hereby certify that I have read and full understand the medical and/or surgical risks and decline:

**PLEASE INITIAL TO DECLINE:**

Thoracic Radiographs  
(+\$199)

Microchip  
(+\$65)

**ADDITIONAL DIAGNOSTIC OR TREATMENT CONSENT**

Either your veterinarian or a staff member at Arch Beach Veterinary Clinic will contact you if any additional diagnostics or treatments are determined to be needed while under anesthesia. If we are unable to reach you at the phone number(s) provided today, signing and initialing one of the boxes below gives authorization for your veterinarian to provide the needed diagnostics and/or treatment.

I authorize all further needed diagnostics and/or treatments in addition to the original signed estimate.

I authorize all further needed diagnostics and/or treatments up to \$\_\_\_\_\_ in addition to the original signed estimate.

I decline any further needed diagnostics and/or treatments if a veterinarian or staff member is unable to reach me while my pet is under anesthesia.

**FASTING PRIOR TO SURGICAL PROCEDURES:**

My pet has **NOT** had any food within the last 12 hours.

Primary Contact Number : \_\_\_\_\_)

Secondary Contact Number : \_\_\_\_\_)

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Signature of Responsible Owner/Agent

Date