

Linnet Way Brickhill Bedford Bedfordshire MK41 7HN

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E: info@acornhousevets.co.uk

Consent Form for Anaesthetic, Clinical and Surgical Procedures

Owner:		Name:	
Address:		Species:	
		Sex:	
		DOB:	
		Weight:	
Ins Co.:		Patient Ref:	
Contact numbers:		Procedure:	
Email:		General	
		Anaesthetic/Sedation:	
Estimate:		Time Last Ate:	
Dietary		Current Medications &	
needs:		Time of Last Dose:	
Dental Tx:	YES/NO	Belongings being left with	
		pet:	
Any warnings?		Do you give permission	YES/NO
(e.g drug reactions)		for us to clip your pet's	
		nails and/or any matted	
		fur whilst under	
		anaesthetic (no additional	
		charge)	

- (1) I hereby give permission for \${patient.name} to undergo the investigation/treatment/surgery/general anaesthetic/ hospitalisation detailed above.
- (2) The nature of these procedures has been explained to me and I understand that all anaesthetic and surgical procedures involve some risk to the animal. In general:
- -General anaesthetic risks may include problems with blood pressure, temperature regulation, breathing and death.
- -Surgical risks may include problems with bleeding, infection, and wound breakdown.
- -Dental risks may include problems with gum healing, infection, retention of root fragments and





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jaw fracture.
-Additional complications for this procedure:

procedure:	
Treatment of complications will incur additional costs. Please	e bear in mind that any dental
treatment may not be covered by insurance. My personal data	a may be shared with referral
laboratories and other veterinary practices. In the event that the	he practice is unable to contact me l
understand that they will act in the best interests of	which in an emergency situation
could involve the use of medicines not authorised for use in _	or in an extreme
situation, euthanasia.	
(3) There is a veterinary nurse on site at Acorn House at all ti	mes but I understand that although
inpatients are assessed regularly, continuous observation is no	ot provided throughout the night
(overnight checks are usually midnight, 3am and 7am).	

- (4) Acorn House is registered as a veterinary nurse training practice and as a training placement for veterinary students from the Royal Veterinary College. I understand that student nurses and vets may be involved in the care of my pet, under the supervision and direction of the registered veterinary nurses and veterinary surgeons at the practice.
- (5) I understand that Acorn House cannot be held responsible for any loss or damage to any items left at the surgery.
- (6) I agree to pay in full the costs of treatment prior to ______being discharged and recognise that the total cost may be more than the estimate provided. I confirm that I am over 18 years of age. Please note that payment over the telephone prior to collection is preferred, to avoid queues and delays in the waiting room at the collection time.

USE OF UNLICENSED PRODUCTS

Sometimes medications are used in the hospital that have not been authorised (put through regulatory assessments for safety, quality and efficacy) for that particular species or purpose. The use of these medications may be clinically and legally justified in the absence of a suitable authorised medication. Although many medications are used regularly in this way, it must be accepted that there is a possibility of side effects that are not widely known. Unauthorised medications that may be used in this procedure may include (delete as appropriate): paracetamol / trazodone / mirtazapine / co-amoxiclav / omeprazole

Signature:	
Name in capitals:	Date:

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Please tick here if you are not the owner of on behalf of the owner \bigsilon Contact Details:	but have permission to sign
Updated December 2023	



