

Antioch Animal Hospital  
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Antioch, IL 60002  
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## Surgery/ Standard Consent Form

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
City, State/ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Procedure (s): \_\_\_\_\_

When Was the Last Time your animal had any food or water? \_\_\_\_\_

Is your pet on any Medications? If yes, please specify the medication and what time was their last medication given?  
\_\_\_\_\_

Within the last two weeks, has your animal displayed any Vomiting / Diarrhea / Coughing / Sneezing? If yes, Explain:  
\_\_\_\_\_

Has your animal ever had a seizure? If Yes Please Explain \_\_\_\_\_

Is your animal female? If yes, when was her last heat cycle? \_\_\_\_\_

Has your animal had surgery before? If yes please explain \_\_\_\_\_

Are there any known reactions to vaccinations, drugs or medication? If yes, Explain: \_\_\_\_\_

In the Past 10 Days has your animal been treated for flea/tick or mange ( topical, dip, spray, powder) What product was used? \_\_\_\_\_

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the Performance of the following procedure (s) or operation (s):

I also authorize the use of appropriate anesthetic, and other medication, and I understand that the hospital Support Personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent. I acknowledge that all the above information is correct and true.

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Date

Signature of Owner/Agent

Witness to Above Signature