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**DR. CATTRINA LUCAS VET INC.**  
PREMIER MOBILE VETERINARY SERVICES

**(661) 859-6168**  
www.DrLucasVet.com

## Surgery Consent Form

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

Address: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.

I hereby consent and authorize **Dr. Cattrina Lucas & Staff** to perform the following procedures or operations:

\_\_\_\_\_

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that support personnel will be used as deemed necessary by the veterinarian.

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

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