



14028 Hwy 65
Bakersfield, CA 93308

DR. CATTRINA LUCAS VET INC.
PREMIER EQUINE 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: _____