

New Life Veterinary Services — Surgical & Procedural Waiver and Consent

Client/Owner name: _____ Patient name: _____ Date: _____
Phone: _____ Staff initial: _____

1. Authorization for Treatment I, the undersigned owner/agent, authorize New Life Veterinary Services (NLVS) and its veterinarians, technicians, and staff to perform the recommended procedure(s), diagnostics, anesthesia, and/or surgery described below: Procedure(s): _____ Reason/Diagnosis: _____
2. Acknowledgement of Risks I acknowledge that all medical and surgical procedures carry inherent risks, including but not limited to bleeding, infection, anesthetic complications, adverse reactions, organ damage, need for additional treatment, worsening of condition, and death. I understand the proposed benefits, alternatives (including no treatment), and the likely consequences of not proceeding.
3. No Guarantee of Outcome I understand NLVS cannot guarantee the outcome or success of any procedure or treatment. I accept that healing and responses vary and that unforeseen complications may occur.
4. Assumption of Risk and Release of Liability To the fullest extent permitted by law, I release, waive, and discharge NLVS, its owners, veterinarians, employees, agents, and contractors from any and all liability, claims, demands, causes of action, or expenses arising from or related to the procedures, treatments, anesthesia, hospitalization, or complications, except where caused by gross negligence or willful misconduct as defined by applicable law.
5. Emergency Care and Additional Procedures If unforeseen conditions are discovered during the procedure requiring additional procedures for the patient's welfare, I authorize NLVS to perform such additional procedures as deemed necessary. If time and circumstances permit, I request to be contacted. I understand additional charges may apply.
6. Pre- and Post-Operative Instructions and Compliance I have received, understand, and agree to follow all pre-operative and post-operative care instructions provided by NLVS. I recognize that failure to follow these instructions may increase the risk of complications and may affect outcomes.

7. Financial Responsibility I agree to pay all charges for services rendered. I understand payment is due as described by NLVS policy, and unpaid balances may incur fees or collection actions.
8. Photographs and Records I consent (or do not consent — initial here: _____) to NLVS taking photographs, videos, or using medical records for diagnostic, treatment, educational, or promotional purposes, with identifying information removed unless additional written consent is provided.
9. Right to Refuse or Withdraw Consent I understand I may withdraw consent prior to the procedure, but that withdrawal may limit or prevent treatment. Withdrawal after the procedure has commenced may not be possible and could carry additional risk.
10. Miscellaneous This Waiver and Consent is governed by the laws of the state in which NLVS operates. If any provision is found invalid, remaining provisions remain in effect.

Owner/Agent Signature: _____ Date: _____ Printed name: _____
Relationship to patient: _____

Witness/Staff signature: _____ Date: _____

Recommended next step: have this form reviewed and tailored by a local attorney to ensure compliance with state laws and veterinary regulations.