



Endoscopy Consent and Waiver Form

I, the undersigned, hereby consent to the performance of endoscopic procedures on my pet, _____ by the veterinary team, **Sojourn Vet**. I understand that the procedure will involve the use of a flexible or rigid tube with a camera (endoscope) to examine or treat conditions within my pet's body.

I acknowledge the following:

1. I understand that my pet is being presented for an endoscopic procedure, which involves the use of specialized instruments to visualize and possibly treat conditions within the body.
2. I understand that it is required for my pet to undergo anesthesia to have this procedure performed.
3. I acknowledge that while endoscopy is generally safe, there are inherent risks associated with the procedure, including but not limited to anesthesia risks, bleeding, infection, and potential complications requiring further medical intervention. I am aware that despite the veterinary team's efforts to minimize any possible risk, these may still occur.
4. I agree that I have followed all pre-procedure instructions as provided by the veterinary staff, including fasting instructions and any medications that needed to be administered prior to the procedure.
5. I understand that post-procedure care is critical for my pet's recovery. I will monitor my pet for any signs of complications and will adhere to all follow-up appointments and care instructions provided by the veterinary team.

By signing below, I affirm that I am the owner or authorized representative of the pet and have the authority to sign this waiver. I acknowledge that I have read and understood the information provided, have had the opportunity to ask questions, and voluntarily consent to the endoscopic procedure for my pet.

Owner's Name: _____

Pet's Name: _____

Signature: _____

Date: _____