



**Consent Form**

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

Owner name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Animal's name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F

I am the owner or agent for the owner of the above described animal and have the authorize the performance of the following procedure(s) or operations (S):

\_\_\_\_\_

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's judgment.

I also authorize the use of the appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operation and the risk involved. I realize that the results cannot be guaranteed.

I also agree to treatment of external parasites at my expense if it is deemed necessary.

I have read and understand this authorization and consent.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Above Signature

\_\_\_\_\_  
Date