## **SURGERY CONSENT FORM**

Owner:	<first-name><last-name></last-name></first-name>	Patient:	<animal></animal>
Case No:	<number></number>	Breed:	 breed>
Street:	<address></address>	Sex:	<sex-name></sex-name>
City:	<city></city>	Age:	<age></age>
Phone:	<pre><phone></phone></pre>	Color:	<color></color>

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give <serv-doctor>, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure as described below. The previous clause authorizes any rotating veterinary students to operate under the direct supervision of an accredited veterinarian. I also give my permission to perform any other procedure that, at his discretion, may be useful to promote the health of this pet, and I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

PERFORM WHILE SEDATED.)  _ MICROCHIP _ E-COLLAR _ FECAL REMOVE DEWCLAWS
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ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF ANY EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.