



SURGERY/ DENTAL CONSENT FORM

Date: _____

Name: _____

Address: _____

City/State: _____

Home Phone: _____

Work Phone: _____

Pet's Name: _____

Breed: _____

Color: _____ Age: _____ Sex: _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I understand that once I bring my pet home from the hospital I am responsible for the after care of my pet and will be monetarily responsible for any complications that arise post-surgery away from the hospital. I understand the surgery or treatment contemplated is:

After carefully reading the above, I have signed in agreement.

Owner or Responsible Party: _____