



Advanced
ANIMAL CARE

Consent & Release Form

OWNER INFORMATION

Date: _____
Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

PET INFORMATION

Pet's Name: _____ Sex: M F
Age/Birthdate: _____ Dog Cat Other: _____ Breed: _____

CONSENT & RELEASE

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize Dr. (principal veterinarian or owner)/staff to perform the following procedure or operation:

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures of unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the user of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signature of Client Responsible for Pet(s): _____ Date: _____