



Authorization and Consent

Pet(s) Name: _____

- I am the owner of this animal stated in this form.
- I authorized to make a decision and sign this consent.
- I will pay for the surgical fee and other tests or treatments.
- The doctors and staff explained the surgical procedure including risks, complications, and the recovery.
- If there are any complications that happened, I will not hold hospital, Veterinary doctors, and staff liable.
- I authorize the use of anesthesia for sedation of the pet.
- I consent the veterinarian and the hospital to excite the surgical procedure.

Client Signature:

Date: