

## COMMUNITY ANIMAL HOSPITAL CONSENT FORM

DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ANIMAL'S NAME \_\_\_\_\_

I am the owner of the above-named animal, or am responsible for it, and have the authority to execute this consent. I hereby authorize the performance of the following procedure(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

During your pet's stay in the hospital, his condition will be closely monitored. Although we do not provide 24-hour supervision, should the need arise, a doctor is always on call and able to provide treatment during the hours when the clinic is closed.

\_\_\_\_\_  
(Signature of legal owner or responsible person)

PHONE NUMBER WHERE YOU CAN BE REACHED \_\_\_\_\_