Exotic Pet Standard Consent Form

Owner's Name:	Date of sched	Date of scheduled procedure:		
Patient's Name:	Species:	Sex:	Age:	
I am the owner or authorized agent for the consent.	ne owner of the animal described a	bove. I have the au	thority to execute this	
I consent to admit my animal to Pet Centre treatment and to perform such procedure procedures has been explained to me and	es that are deemed necessary by the	~		
I hereby authorize anesthesia and surgery surgery. My signature on this consent for				
Pet Central Animal Hospital provides high that there is a small risk of complications of anesthetic include: anesthesia complication eating/drinking, change in vocals, and rare hospital staff will try to minimize such risk	or side effects with use of an anesthons (minor to life threatening), infecely death. I acknowledge these risks	etic. Various risks v tion, seroma forma	vith the use of an tion, coughing while	
I will not hold Pet Central, the Veterinarian	ns, or any staff members liable for c	omplications that r	nay arise.	
I authorize the use of appropriate anesthe informed that there are risks and cost asso	•	eeded prior to the	procedure. I have been	
Please initial here	e if you <u>DO NOT</u> want your pet to ha	ave a complementa	ry nail trim:	
I accept full financial responsibility for prior to my pet being discharged from t		•	• •	
Signature:				
Today's date:	Phone Number:			
Owner's Address:				