

# Standard Consent Form

Pet Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Case Number: \_\_\_\_\_

I am the owner of the above-described animal, and have the authority to execute this consent.

I hereby consent and authorize the performance of the following examination(s), procedure(s), test(s), or operation(s):

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I understand that during the performance of the foregoing examination(s), procedure(s), test(s), or operation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), test(s), operation(s) or different procedure(s), than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure or operations and the risks involved. I realize that results cannot be guaranteed.

I fully release \_\_\_\_\_ Clinic and Intervet/Schering-Plough Animal Health from any legal and financial responsibilities arising from anesthetic complications.

I have read and understand this authorization and consent.

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Signature of Owner

Date