

Please print this form, fill it out, and bring it with you at the time of your appointment.

# SOUTH FORK ANIMAL HOSPITAL

## CONSENT FORM

Owners Name: \_\_\_\_\_ Name of Animal: \_\_\_\_\_  
Address: \_\_\_\_\_ Species: \_\_\_\_\_  
\_\_\_\_\_ Breed: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Sex: \_\_\_\_\_

**I am the owner or agent for the owner of the above pet and have the authority to execute this consent.**

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

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**I understand that during the performance of the foregoing procedure(s) or operation(s), Unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(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 I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.**

**I have been advised as to the nature of the procedures or operations. I realize that results cannot be guaranteed.**

**I have been made aware of the availability of veterinary specialists and have declined referral to the Specialist.**

**I understand and accept the risks associated with this procedure and acknowledge that one of the risks associated with anesthesia and surgery is death. *Initial* \_\_\_\_\_**

**I have read and understand this authorization and consent. *Initial* \_\_\_\_\_**

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Additional Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner Agent

\_\_\_\_\_  
Witness to Above Signature