

SAMPLE

General Anesthesia Consent Form

To: _____
Hospital and/or Veterinarian

Owner's Name: _____ Case Number: _____

Address: _____

Name of Animal: _____ Species: _____

Breed: _____ Sex: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic procedures necessary for its treatment.

I understand that support personnel will be used as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

Signature of Owner or Agent

Date

SAMPLE

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Euthanasia Consent Form

Owner's Name: _____ Date: _____

Street: _____ City: _____ Phone: _____

Pet's Name: _____ Breed: _____

Sex: _____ Age: _____ Color/Markings: _____

Case Number: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above, that I do hereby give _____ (veterinarian) and his employees or representative, full and complete authority to end the life and dispose of said animal in whatever manner they shall deem appropriate.

I acknowledge that Dr. _____ has met with me personally and discussed the euthanasia of my animal. I also certify that to the best of my knowledge the said animal has not bitten any person or animal during the last fifteen (15) days, and has not been exposed to rabies. I further understand that I assume financial responsibility for all services rendered.

Again, by signing this form I am giving permission to end this animal's life and I have the authority to execute this consent.

Signature of Owner or Agent

Date

SAMPLE