
CONSENT TO PERFORM MEDICAL TREATMENT OR SURGERY
(suggested format)

OWNER: _____

CONTACT TELEPHONE NUMBER: _____

ALTERNATE CONTACT NUMBER: _____

ANIMAL'S NAME: _____

SPECIES: _____ BREED: _____

COLOUR: _____ SEX: _____

PROCEDURE(S): _____

CONSENT

1. I am the owner or agent of the animal described above. I have authority to execute this consent and am over the age of 18.
2. I hereby consent to and authorize the performance of the above described procedure(s). I understand the risks that may be involved.
3. I have had the fees outlined to me and agree to pay all such fees and charges at the time of discharge unless alternate financial arrangements have been made prior to discharge.
4. If unforeseen conditions arise which, in the judgement of the attending veterinarian, call for procedures or treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.
5. I have been advised as to the nature and purpose of these procedures and realize that no guarantee exists as to the result of diagnosis and treatment of the above described animal.

cont'd.....

CONSENT TO PERFORM MEDICAL TREATMENT OR SURGERY (continued)

6. I hereby consent that the veterinarian may dispose of the live animal that is not claimed by the client within 10 days of the completion of an in-hospital treatment and convalescence or an ancillary service as defined in Part IV by transferring the animal to an animal shelter or to a third party owner if,
- (a) the client has agreed in writing to the transfer;
 - (b) the veterinarian has attempted to contact the client at least five times by at least two different methods, such as telephone and mail, and has documented the attempts; and
 - (c) the veterinarian has attempted to contact any emergency contact person identified by the client.
7. I have read and understand this consent.

Signature of Owner or Agent

Date