



Consent Form

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Attending Veterinarian

Patient and Client

I am the owner or agent for 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 procedure(s) or operation(s):

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 and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

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 of the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed and that there are inherent risks to the patient from general anesthesia, including death.

I have read and understand this authorization and consent.

Additional Information

Date

Signature of Owner or Agent

CPR / DNR Client's Initials: _____

Witness to Above Signature