



CONSENT FORM

Owner's Name: _____

Address: _____

Telephone (Landline): _____ Mobile: _____

Email _____

Pet's Name: _____

Species: Dog Cat Breed: _____

Sex: Male Female Colour _____

Date of Birth: _____

I am the owner / authorized agent for the pet described above, and I have the authority to execute this consent.

I hereby consent to the doctor's/Staff/Representative of the Mash Mire Pet Hospital to perform any procedure or operations deemed necessary for the welfare of my pet.

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure to be performed. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and any other medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

All expenses have been explained to me and will be paid in advance

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

Date: _____

Signature: _____