



Kindred Care Pet Hospital
Your Other Family Doctor

CONSENT FOR ANAESTHESIA, CLINICAL AND SURGICAL PROCEDURES

Owner's Name _____

Address _____

Telephone: Home _____ Work _____

Mobile _____

Please complete the section below if you have authority to act on behalf of the owner

Name _____

Address _____

Telephone: Home _____ Work _____

Mobile _____

Species and Breed _____

Name _____ Colour _____

Age _____ Sex: M _____ F _____ Neutered M _____ Spayed F _____

Microchip Y / N Cost of Microchip: \$45.00 Y / N

Details of the Operation/Procedure _____

- I hereby give permission for the administration of an anaesthetic to the above animal and to the surgical or other procedures detailed on this form together with any other procedures which may prove necessary.
- The nature of these procedures and of other such procedures as might prove necessary has been explained to me.
- I understand that there are some risks involved in all anaesthetic techniques and surgical procedures.
- I accept that the likely cost will be as detailed on the [attached] estimate and that in the event of further treatment being required or of complications occurring which will give rise to additional costs, I shall be contacted as soon as practicable so that my consent to such additional treatment and costs may be obtained.
- In the event that the veterinary surgeon is unable to contact me on the numbers provided, I understand the veterinary surgeon will act in the best interests of my animal.

Notes and Instructions: _____

The cost of the procedures described above (tick as appropriate)

- Will be: \$_____ OR
- Will be within the range: \$_____ to \$_____

- If you are NOT the owner, please tick the box to confirm you have the authority to act on behalf of the owner of the animal described above
- Please tick the box if you are UNDER the age of 18

*Signature _____

Date of Signature _____

*A copy of the form should be provided to the person signing and the original retained by the practice