

Date: _____

CONSENT FORM

Pet's Name: _____ Age: _____ K9/FE Neutered/Spayed Breed: _____

Client's Name: _____

is being admitted Union Veterinary Clinic for the following:
(Reason for Drop-off Appointment) _____

PATIENTS HAVING SEDATED PROCEDURES:

_____ I understand that general anesthesia is necessary, and that despite standard precautions, there are certain inherent risks involved.

Signature (to be done at drop-off) : _____

or Authorized Agent: _____

Print Name: _____

Phone number where I can be reached today: _____

We will call you with an update after the procedure is finished. If you have not heard from us by 3:00pm please feel free to call us for an update.

Please indicate on the silhouette below where any lumps or injuries occurred:



TOP



BOTTOM