

Owner: _____
Patient: _____
Date: _____
Phone Number Where I Can be Reached
Today: _____



Authorization for and Consent to:

Procedures to be performed today:

I, the undersigned owner or agent of the owner of the pet identified above, certify that (check one) **I am** _____ **I am not** _____ at least eighteen years of age and authorize the veterinarian(s) at Cotswold Animal Hospital (CAH) to perform the above procedure(s).

I understand:

1. That the above anesthetic, surgical, diagnostic, or therapeutic procedures may involve some risk of complications, injury, or death from both known and unknown causes.
2. That no warranty or guarantee has been either expressed or implied as to result or cure.
3. That I authorize CAH, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet until further communication with me.
4. I agree to assume financial responsibility for all services rendered.
5. **All dogs and cats admitted to CAH must be free of external and internal parasites and be current on all required vaccinations. I consent to these additional services and charges if needed.**
6. All dogs are taken outside to eliminate and, even with extreme caution to avoid such circumstances, there is a possibility that some dogs can escape.

Your Signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (iii) you have had the chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Signature of Owner or Authorized Agent

Date