114 Copthorne Road, Shrewsbury, SY3 8NA
Telephone 01743 360614

Owner Consent Form

Owners Name:
Owners Address:
Owners Telephone Number:

Pets Name:	Pets Date Of Birth:
Species:	Breed:
Colour:	Sex:
Weight:	ID Chip No:
Insured:	

Please read the following information carefully before signing to say that you have understood the content.

I certify that I am the owner, or authorised agent of the owner, of the above named animal and have the authority to authorise treatment. I do hereby give my consent for the administration of anaesthetic/sedative drugs and to the procedure/s described below.

Procedure/s:
……..

These procedures and any other procedures which may prove necessary have been explained to me. I understand that all anaesthetic and sedation administration, and the procedure/s described above involve some risk to the patient. I authorise the provision of emergency procedures deemed necessary, and the use of un-licensed medicines at the discretion of the veterinary surgeon.

I have been made aware that there may be students involved with the treatment and care of my pet.

The estimated cost of the procedure/s is £ .....

I accept this estimated cost and I understand that payment is due at the time my pet is discharged. I also accept that should any further treatments be necessary or complications arise that incur additional costs, I shall be contacted as soon as practicable so that my consent to to such additional costs may be obtained.

After reading the pre-op advice form I would like my pet to have the following today:

A pre-anaesthetic blood test. Additional cost £75	YES	NO	N/A
Laser therapy following their procedure. Additional cost £12.00	YES	NO	N/A
Recovery Food Package. Additional Cost £6.00	YES	NO	N/A

The revised estimated cost of today's procedure/s is £ .....

You CAN / CANNOT take photos or videos of my pet today to be used on social media platforms.

Signature of owner / authorised agent ..... Date .....