

CLIENT CONSENT FORM

Clinic Name: Charlotte Animal Hospital Date: _____

Client: _____

Patient: _____

Daytime phone: _____ Evening phone: _____

Anesthetic and surgical procedures to be performed:

PLEASE READ CAREFULLY AND SIGN

I, the undersigned owner or agent of the owner of the pet identified, authorize the veterinarian(s) and staff at Charlotte Animal Hospital to perform the above procedure(s). I understand that it is the protocol of Charlotte Animal Hospital to examine each pet and do Pre Anesthetic blood testing prior to using anesthesia. I understand that because of my pet's behavior it is not possible for the veterinarian to examine my pet or perform Pre Anesthetic blood testing. I understand that NO guarantee can be made legally or ethically to me on the outcome of any procedure performed. I release Charlotte Animal Hospital and its associates from liability if there should be complications due to anesthesia. By signing you acknowledge and understand the added risk of anesthesia and were explained to your satisfaction.

Owner Signature/Responsible Party

DATE

Explained to my satisfaction/Doctors signature

DATE