

Shaffer Veterinary Hospital
113 South Crowley Road
Crowley, Texas 76036
817-297-3106

Surgical Consent Form

Date: _____

Owner's Name: _____

Address: _____

City/State/Zip: _____

Phone where you can be reached today: _____

Alternate number and/or contact: _____

Pet's Name: _____

Species: _____ Breed: _____ Color: _____

Age: _____ Sex: _____ Weight: _____

I, being responsible for the above animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I understand the surgery or treatment contemplated is:

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

All charges including boarding costs shall be paid upon release from the hospital. If the pet is not called for within 10 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 10 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all cost of your services and use of your hospital including the cost of boarding.

After carefully reading the above, I have signed in agreement.

Owner or Responsible Party