



CONSENT FOR VETERINARY TREATMENT/HOSPITALISATION

Your Name: _____

OWNER / REP (Please circle)

Address: _____

Phone No: _____

Email Address: _____

Patient Details:

Name: _____

Type: Dog / Cat / Other **Sex:** Female / Male

Breed: _____

Age: _____ **Weight:** _____ (kg)

Procedure: _____

Pre-anaesthetic Blood Test? (\$65.00) Yes No

Estimated Cost: \$ _____

I, the owner (or representative*) of the patient listed above understand that any anaesthetic or surgical procedure has risk attached. I authorise the procedure to be performed and take responsibility for the payment of fees incurred.

Signed: _____ **Date:** _____