

South County Animal Hospital
15790 Monterey Rd Suite 500
Morgan Hill, CA 95037
(408)779-6867
www.southcountyanimalhospital.com

Standard Consent Form

Date: _____

Client ID: _____ Patient ID: _____
Client Name: _____ Name: _____
Address: _____ Species: _____
_____ Sex: _____
Telephone: _____ Color: _____
Markings: _____
Birth Date: _____
Weight (lb): _____

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s):

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold South County Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Pre-Anesthetic blood work is required for all surgical procedures. Any patient that does not have current blood work (within 6 months) will have this service performed prior to any procedure requiring sedation and/or anesthesia.

(Signature of legal owner or responsible person)

Date: _____

Phone Where You Can Be Reached Today: _____

Alternate Contact: _____