**SURGICAL CONSENT FORM**

**Animal details**

Name of the patient **:**……………………………………………………………………………………………..

Age **:**………………………….. Sex **:** M / F

Colour **:**………………………….. Breed **:**………………………………………..

Species **:**………………………….. Identification if any **:**…………………….

Disease condition of the patient:…………………………………………………………………………….

Type of surgery:………………………………………………………………………………………………………

Type of anesthesia:…………………………………………………………………………………………………

I declare that, I have been fully informed about the nature of the procedures and risks involved in all the anaesthetic techniques and surgical procedures.

I, hereby give permission for the administration of aneaesthetic(s) and to the surgery(ies), together with any other procedure(s) which may be necessary to the above mentioned animal.

The hospital and it’s authorized personnel shall not be held liable for any complications and/or loss of life during or after the anaesthetic and surgical procedures.

I declare that I have read and understood the above statement and thereby abide by the said conditions.

 Signature of the owner ………………………………………………

 Address ………………………………………………………………………

 Date ………………………………………………………………………