

Pet Palace Veterinary Clinic



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PLEASE PRINT

OWNER'S NAME: _____
(first) (last) (initial)

Spouse's Name: _____
(first) (last) (initial)

PHONE NUMBERS: Owner's Cell#: _____ Spouse's Cell#: _____

Procedure to be performed today: _____

Patients information:

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

I understand the hospital support personal will be used as deemed necessary by the veterinarian.

Owner's Signature: _____ Date: _____

Signature of authorized agent if other than owner: _____ Date: _____

Relationship to owner: _____