## Consent Form

Owner's Name:	
Address:	
City, State:	
Patients Name:	
Species:	
Breed:	
Sex:	
Date of Birth:	
I am the owner or the agent for the owner of the an authority to execute this consent.	nimal described above, and I have the
I hereby consent and authorize/ staff to operations:	to perform the following procedures or
The nature of these operations or procedures has been example will be done.	explained to me, and I understand what
I have been informed of the patient's health condition liable for anything that may occur during the course of not limited to events or conditions that may require med	the grooming procedure including but
I have also been informed that there are certain risks operation or procedure of this type. They have bee understand that during the course of the operations or parise that may necessitate the performance of additional	n explained to me as well. I further procedures, unforeseen conditions may
	Signed:
	Date: