

# San Dimas Animal Hospital

## Consent Form

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

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): Circle all that apply.

**\*Medical Treatment   \* Hospitalization   \*Surgery**

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 harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Veterinary Services during nighttime hours and/or weekends are not provided. Continuous presence of personnel is only provided during business hours. Business hours are as follows: Mon. – Fri. 7:30am – 6:00pm, Sat. 8:00am – 4:00pm and Sun. 10:00am – 2:00pm.

\_\_\_\_\_  
(Signature of legal owner or responsible person)

Date: \_\_\_\_\_

**AT WHAT NUMBER(S) CAN YOU BE CONTACTED TODAY?**

#1) \_\_\_\_\_ #2) \_\_\_\_\_