

Surgical Consent Form Veterinary

Owner and Pet Information

Owner's Full Name: _____

Pet's Name: _____

Species and Breed: _____

Age: _____

Microchip Number (if applicable): _____

Veterinary Procedure Details

Procedure Name: _____

Reason for Procedure: _____

Estimated Cost: _____

Date and Time of Procedure: _____

Consent Agreement

I authorize the veterinarian to perform the procedure on my pet. I acknowledge the risks and benefits associated with the procedure.

Owner's Signature: _____

Date: _____

Veterinarian's Name: _____

Veterinarian's Signature: _____

Date: _____