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Consent to Treatment / Surgery

Owner:

Pet:

Address:

Species:

Breed:

Sex:

Age:

☎:

Weight: Previous:
Current:

Please read the following consent. If you have any queries please do not hesitate to ask the receptionist or veterinary surgeon.

1. I am the owner or agent of the above animal and have the authority to give this consent. I am over 18 years of age.
2. I authorise the use of appropriate anaesthetics and other medications. I understand that all anaesthetic techniques and surgical procedures involve some risk to the animal. I realise that positive results cannot be guaranteed.
3. I understand that, during the operation, unforeseen conditions may be revealed that necessitate extending or carrying out different procedures than those stated below. I acknowledge that every endeavour will be made to contact me by telephone beforehand in these circumstances. I hereby give consent to and authorise the performance of such procedures as are necessary and desirable in the exercise of the veterinary surgeon's professional judgement.
4. I consent to and authorise the performance of the following procedure(s) or operation(s):

Procedure / Operation to be performed:

Clip nails (Free of charge) Yes [] No []

5. Do you wish your pet to be **microchipped** while anaesthetised, at a reduced cost, please tick Yes [] No []

It is now a legal requirement for all dogs to be microchipped.

6. I understand that all fees must be settled at the end of surgery.

I will pay my account by [] Cash [] Cheque [] Card

7. I have read and understood this form and hereby voluntarily give my consent.

Signature of owner/Agent: **Date:**

Print full Name of owner/Agent:

Contact Number(s) on day of procedure	Landline	
	Mobile	