

2nd Street Animal Hospital
966 N. 2nd Street
Philadelphia, Pa 19123
215-516-7000

CONSENT FOR ANESTHESIA OR SURGERY

Owner _____

Address _____

Patient Name _____

Dog [] Cat [] Bird [] Small Mammal [] Reptile []

I, _____ (OWNER NAME, PLEASE PRINT) being a person over eighteen years of age, hereby give my consent for an anesthetic procedure to be performed on the animal _____ (Name/CHART NO.) for _____ (Reason).

DECLARATION

I am the owner of the above-mentioned animal.

I have had the reasons for anesthesia explained to me and I am satisfied with plan of management for the above pet. I have also had the likely fees explained to me and accept responsibility for payment of these fees at the time of discharge.

Signed _____

Date _____