

Providence Veterinary Hospital  
**Surgery Consent Form**

Owner:  
Case No:  
Street:  
City:  
Phone:

Patient:  
Breed:  
Sex: Male      Female  
Age:  
Color:  
Markings:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Herman, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described as:

and to perform any other procedure including sedation and or anesthesia, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

I have read and signed the Safety and Comfort Form, which is part of this agreement.

My pet has had no food past 6pm and no water since midnight.

Signed: \_\_\_\_\_

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

Please type your name: