

DEPARTMENT OF ANIMAL HUSBANDRY

VETERINARY DISPENSARY

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CONSENT FOR SURGERY

I Mr/Ms/Mrs..... the owner/In-charge of (species) (Breed) (age) (sex) have been fully informed about the risks involved in anesthesia and surgical, diagnostic procedure to be performed on my animal. It is expressly understood and agreed that the dispensary/hospital and its authorized personnel shall have and are hereby given upon the authority and permission to prescribe for, anesthetize and perform surgery upon the above said animal. The dispensary/hospital and its authorized personnel are held free from liability for any damage caused to the above said animal during anesthetic and surgical procedure. More over I will take care the post operative cares as per Veterinary Surgeon's advices.

Date

Case no

owner/In-charge's signature