

Informed Consent Form

I, _____ the legal owner/foster/owner representative of _____

have been informed that my pet has the condition(s) listed below. I have been informed of the potential complications and/or extra charges that are associated with these conditions. I have voiced any questions and/or concerns and they have been answered to my satisfaction. I will not hold Dehart Veterinary Services or it's staff liable for any complications resulting in the condition(s) that are circled below:

Geriatric (>6 years of age)

Pregnant

Great Dane/Doberman

Brachycephalic

Hit by car

Overweight

- Existing injury/wound: _____
- Prior surgery: _____
- Prior injury: _____
- Other: _____

Legal Owner/Foster/Owner Representative Printed name: _____

Legal Owner/Foster/Owner Representative Signature: _____

Witness printed name: _____

Veterinarian Signature: _____