



Vet Practice Support

Expertise: where and when you want it

Consent for procedures

Date: [Click here to enter a date.](#)

Owner's name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Patient name: [Click here to enter text.](#)

Patient species: [Click here to enter text.](#)

Patient breed: [Click here to enter text.](#)

Patient colour: [Click here to enter text.](#)

Details of the Procedure: [Click here to enter text.](#)

Including (tick as appropriate):

Ultrasound scan

Sedation

General anaesthesia

Clipping of hair

Blood sampling

Urine sampling by needle

Needle biopsy

Core biopsy (larger needle)

Use of unlicensed medicines details: [Click here to enter text.](#)

I hereby give permission for the procedures detailed on this form together with any other procedures which may prove necessary in an emergency.

- The nature of these procedures and of other such procedures as might prove necessary has been explained to me.
- I understand that there are some risks involved in all procedures.
- In the event that the veterinary surgeon is unable to contact me on the numbers provided, I understand the veterinary surgeon will act in the best interests of my animal.

Signature: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)