

TAMWORTH VETERINARY HOSPITAL
106 Brisbane Street, TAMWORTH, NSW, 2340
(02) 67663988 www.tamworthvet.com.au

Anaesthesia/Surgery Consent Form

Name: _____

Address: _____

Phone Number: _____

Declaration

I _____ of the above address being over the age of eighteen (18) years hereby give my consent to the provision of anaesthesia and surgery by a registered veterinary surgery on the animal whose details appear below. I acknowledge that _____ has been fasted for 12 hours in preparation for anaesthesia.

Patient Name: _____

Sex: _____ **Desexed:** _____

Age: _____ **Breed:** _____ **Colour:** _____

Signed _____

This _____ day of _____, 200

Payment will be via: Cash Cheque Credit Card/Eftpos

******Note: Please bring these forms with you on surgery day. If you have any questions then please ring.**