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CONSENT FORM

Owner's Name: _____

Address: _____

Telephone (Landline): _____ Mobile: _____

Email _____

Pet's Name: _____

Species: Dog Cat Breed: _____

Sex: Male Female Colour _____

Date of Birth: _____

I am the owner / authorized agent for the pet described above, and I have the authority to execute this consent.

I hereby give Dr _____ of the CGS Hospital and any authorized agents, staff, or representatives consent and authority to perform the following procedures or operations:

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

All expenses have been explained to me and will be paid in advance

I understand that hospital support personnel will be used as deemed by the veterinarian.

Date: _____

Signature: _____