

**ALL CREATURES VETERINARY CARE CENTER**  
**352 Greentree Road**  
**Sewell, NJ 08080**  
**CONSENT FOR ANESTHESIA OR SURGERY**

Owner \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Patient Name \_\_\_\_\_

Dog [ ] Cat [ ] Bird [ ] Small Mammal [ ] Reptile [ ]

I, \_\_\_\_\_ (OWNER NAME, PLEASE PRINT) being a person over eighteen years of age, hereby give my consent for an anesthetic procedure to be performed on the animal \_\_\_\_\_ (Name/CHART NO.) for \_\_\_\_\_ (reason).

**DECLARATION**

I am the owner of the above-mentioned animal.

I have had the reasons for anesthesia explained to me and I am satisfied with plan of management for the above pet. I have also had the likely fees explained to me and accept responsibility for payment of these fees at the time of discharge.

Signed \_\_\_\_\_

Date \_\_\_\_\_