



Palmetto

VETERINARY SPECIALIST

Client Name: _____ Patient Name: _____

Address: _____ Species: _____

_____ Sex: _____

Telephone: _____ Color: _____

Referral Hospital: _____ Birth Date: _____

Contact number where you can be reached today: _____

I, as the owner or party responsible for _____ hereby authorize the doctors and staff of Palmetto Veterinary Specialist, LLC to perform the following procedure(s):

On the (circle one): **Left** **Right** **Both** **Nonapplicable**

I understand that anesthesia may need to be administered as part of any diagnostics and/or surgical procedures. It has been explained to me that conditions may arise during this procedure whereby a different or additional procedure may need to be performed. I understand that all efforts will be made to contact me prior to such procedures being performed, but there may be instances where it is in the best interest of my pet to proceed without delay.

I have been advised as to the nature of the procedure(s) and inherent risks involved. I understand that complications, including but not limited to, infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure.

Palmetto Veterinary Specialist occasionally feature patients on their Facebook, Instagram, YouTube or other social media sites and in publication (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet's name but never your last name. Dr. Morrison and staff would be grateful that you'll be helping other pets educating pet owners, veterinarians and veterinary technicians.

Signed: _____
Signature of legal owner or authorized representative

Signed: _____
Signature of witness