



Client Name: _____ Patient Name: _____

Telephone number: _____ Date: _____

Referral Hospital: _____ Attending Veterinarian: _____

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):

Procedure: _____

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

I understand that anesthesia will need to be administered through your attending veterinarian to accomplish the 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 Palmetto Veterinary Specialist, LLC is performing the surgical procedure. I understand that complications, including but not limited to, infection, hemorrhage, implant failure, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure. I understand the follow up care will primarily be with the attending veterinarian.

Palmetto Veterinary Specialist, LLC occasionally features 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 by educating pet owners, veterinarians and veterinary technicians.

Signed: _____
Signature of legal owner or authorized representative

Signed: _____
Signature of witness