

Group 3 Large Animal Surgery, surgeons

School of Veterinary Medicine

Faculty of Medical Sciences

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### Veterinary Consent Form

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

Contact: Home \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

Animal Id number: \_\_\_\_\_ Breed \_\_\_\_\_

Diet \_\_\_\_\_

Medical history \_\_\_\_\_

Current medication/ dosage \_\_\_\_\_

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I am the owner / agent of this \_\_\_\_\_ and I have the right and authority to grant consent.

I authorize the \_\_\_\_\_ veterinary facility, student and staff to perform the procedure and treatment, along with the expected outcome and risk involved.

Procedure: 1) Foreign body removal \_\_\_\_\_

2) Intestinal resection and Anastomosis \_\_\_\_\_

3) Rectal Prolapse repair \_\_\_\_\_

I understand that there is risk to anesthesia, surgical and the health of the animal, however any procedure that requires general or regional anesthetic I consent to their use as it is needed.

I have read and understood this consent form. I consent to the proposed procedures.

Signature / Agent : \_\_\_\_\_ Date \_\_\_\_\_

