

BERGEN VETERINARY HOSPITAL
1680 TEANECK RD
TEANECK, NJ 07666
201-837-3470

Standard Consent Form

Client ID:
Client Name:
Address:

Telephone:

Date:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s):

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold Bergen Veterinary Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

I understand that Bergen Veterinary Hospital is not a 24 hour facility.

(Signature of legal owner or responsible person)

AT WHAT NUMBER CAN YOU BE CONTACTED TODAY? _____