



**All Fur Paws Animal Hospital**  
Susan E. Fyfe DVM Jessica Schulze DVM Meredith Warn DVM  
34 Trenton-Lakewood Rd. Millstone, NJ 08510  
609-208-3300

## STANDARD CONSENT FORM

Client Name:

Address:

Telephone:

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 \_\_\_\_\_ (pet owner) hereby give All Fur Paws Animal Hospital permission to treat my dog should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the pet sitter to act as my agent in procuring veterinary care.

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 All Fur Paws Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

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(Signature of legal owner or responsible person)

**AT WHAT NUMBER CAN YOU BE CONTACTED?** \_\_\_\_\_

**EMERGENCY CONTACT SHOULD YOU NOT BE AVAILABLE?** \_\_\_\_\_