Sheep Draw Veterinary Hospital 6297 W. 10th St. | Greeley, CO 80634 | Phone 970-351-0936 | sheepdraw@sheepdraw.com



Owner's Name: Procedure(s) to be performed: _	Pet's Name
Treatment/Anesthesia/Surgical Consent	
I, the undersigned owner or agent of Veterinary Hospital to perform the a	of the pet identified above, authorize the staff of Sheep Draw above procedure(s)
	exist with anesthesia and/or surgery and that I am encouraged to those risks with the attending veterinarian before the procedure(s
care of my pet in the case of unfo	eterinarian will make every effort to contact me regarding the preseen emergencies. If unable to contact me, the staff has fe sustaining procedures, in which the cost may be up to
I give my permission (yes)	o not give my permission (no) □
weekends is provided at the discret staffed 24 hours a day. If I desire th elect to pick up my pet and provide	understand that veterinary care during nighttime hours and/or ion of the attending veterinarian. Our hospital is not routinely at my pet have supervision when this facility is closed, I will either care in my home, in which case I accept the risks involved or emergency clinic where overnight veterinary supervision is
the art equipment, I realize that the results. If my pet should injure its Hospital, Dr.'s Klingenberg, Early	Liability Disclaimer be performed to the best of the staff's abilities, using state of the hospital makes no guarantees or warranty regarding the self, become ill, or die, I will not hold Sheep Draw Veterinary to, Dewing, Dosch, Edgren, Dahl or its employees responsible tasonable precautions to ensure my pet's safety, and I agree tharged.

Signature of owner or responsible party: Date 9/6/2019 Phone number(s) where you can be reached today: