

# Consent Form



Date.....

Patient Name..... Client Name.....

Procedure:.....

Surgeon's name:.....

## Tick box

I can confirm that all the details above are correct and my pet is booked in for the surgical procedure stated. ☐

I have read the information sheets provided and understand the surgical procedure and after care that I will need to provide. ☐

I have had the complications and risks associated with surgery explained to me. ☐

I consent to my pet having the surgery as discussed today. ☐

I give permission for data on my pet to be used and stored by ProVetSurg. ☐

I agree to ProVetSurg using photographs, history and diagnostic images for teaching, publications and social media. ☐

I give permission to be contacted by ProVetSurg with information about the canine cruciate registry  
(Applies only in cases of cruciate disease - this will help ProVetSurg to collect relevant data to aid in  
the monitoring and improvement of clinical outcomes.)

If so, please provide an email address below.

(This information will only be used by ProVetSurg to provide information about the canine cruciate registry)

Client Email .....

Client Signature .....

Date:.....

