



HILLSIDE VETERINARY HOSPITAL

1700 Kings Road

Victoria, B.C. V8R 2P1

Phone (250) 598-4477

Dr J. Chan, Dr G. Newman, Dr S. Abrioux & Associates

www.hillsidevethospital.com

Consent Form

Client: _____

Address: _____

Phone: _____

Pet(s): _____

I will be absent on the date(s) stated: _____

During my absence my pet(s) will be under the care of: _____ (care-giver's name).

In an emergency I may be reached at: _____ (phone #). If I am unable to be contacted I have arranged for the care-giver to make any necessary decisions for my pet(s).

I hereby authorize the Hillside Veterinary Hospital to perform all procedures as discussed or as deemed necessary by the attending veterinarian, and agree to pay all costs incurred.

Client's signature

Date