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## Consent Form

Date \_\_\_\_\_

### Owner

Name \_\_\_\_\_

### Patient

Dog                       Cat                       Others

Name of the patient \_\_\_\_\_

will be put into anesthesia today. Following intervention will be performed:

\_\_\_\_\_

I have been informed about the side effects and the anesthetic risk and have no more open questions.

The anaesthetic risk of my animal

normal

increased because of \_\_\_\_\_

I have read and understood the following information sheet about petanesthesia.

Place/Date

Sign

\_\_\_\_\_