

Dr. Ross Wallace

Dr. Philippa Wallace

92 Fishermans Road, West Coolup WA All correspondence to: PO Box 509, Pinjarra, WA 6208 Phone: (08) 9530 3751 | Email: murray.vets@bigpond.com

## **Consent to Perform Surgery**

I	of ,
(MVS) Trading as Murray Veterin	thteen years, hereby authorise a registered Veterinary Surgeon employed by ary Services PTY LTD ABN 41135603664 to administer a suitable by on the animal described below for:
PROCEDURE:	
Animal Name	Colour
Age Species	Breed
Branded: Left	Right
Owners Name and Address	
	Fax
Insurance Company name	
Phone	Fax
Estimation of cost	This is an estimation at the time of admission and may vary
<u>Declaration</u>	
☐ I am the owner of the abo	ove named patient
☐ The owner of the above n	amed patient is of
	vner to present the patient for surgery as detailed above.
from the above animal's insurance policy surgeon providing this service, I hereby ag to charge any fees and charges associated	e the authority to sign this consent. If the animal is insured, I have informed and gained consent provider to present it for surgery as detailed above. In consideration of the present Veterinary gree to pay them the prescribed fees (within 14 days of Monthly Statement). We reserve the right I with any overdue payments including legal fees on a full and indemnity basis. I further agree to m any loss or liability which they may incur as a result of any error, omission, false representation vise in this my declaration.
( Signed )	( Witness )
( Data )	