

Avian & Exotics Consent Form

As owner and/or authorized agent of patient(s). I am giving SJVH permission to treat my pet.

I have been told and understand that due to the delicate nature of avian and exotics injury, severe stress, or even death may occur during examination, treatments and procedures.

I understand that every attempt will be made to ensure the health and well being of my pet while under the care of San Joaquin Veterinary Hospital.

I have read and fully understand the above.

_____ Date _____