**Lynden Veterinary Clinic**

**Kony House, Ngong Road,**

**Off Karen near Zambia Stage**

**P.O. Box 61433-00200**

**Nairobi, Kenya**

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**Tel: 0202402588**

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**SURGERY CONSENT FORM**

**Surgical Procedure:…………………………………………………………………………..…**

|  |  |
| --- | --- |
| **Client Details** | Name:…………………………………………………………………..……………  Contacts:………………………………………………………………………….  Address:…………………………………………………………………..……….. |
| **Patient Details** | Name:……………………………………………………………………………..  Breed:……………………………………………………………………….…….  Species:…………………………………………………………………..………  Age:………………………………………………………………………..………  Sex:………………………………………………………………………………..  Color:……………………………………………………………………………….. |

***Declaration***

I……………………………………………………………………………… of the above address being over the age of eighteen (18) years hereby give my consent to the provision of surgery by a register veterinary surgery on the animal whose details appear above

Signed:………………………………………………………………………………..

This………………………………. Day of………………………….20……………