**Lynden Veterinary Clinic**

**Kony House, Ngong Road,**

**Off Karen near Zambia Stage**

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

**Nairobi, Kenya**

**E-MAIL:** lyndenvetclinic@gmail.com

**Tel: 0202402588**

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**SURGERY CONSENT FORM**

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

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| --- | --- |
| **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……………