

SURGICAL RISK NOTE

Address of the Hospital.....

I,S/o Shri.....

Resident of Village/City.....District.....

here by declare that this..... presented for

(Kind of Animal)

treatment belongs to me. All complications and the risk involved in anesthesia /surgery have been fully explained to me. I, therefore, willingly give my consent for the operation to be performed on my animal and will not hold the doctor/departmental authorities responsible for any mishap.

Date.....

Signature of the Owner.....

Address.....

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