

## Group 3 Large Animal Surgery

School of Veterinary Medicine  
Faculty of Medical Sciences  
Eric Williams Medical Sciences Complex  
Uriah Butler Highway, Champ Fleurs  
Trinidad, West Indies  
E-Mail:vet.sch@sta.uwi.edu



*Travis Padarath*

*Melissa Lutchman*

*Kishana Murray*

*Adisa Moore*

*Angel Neptune*

### Consent Form

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

Contact: Home \_\_\_\_\_ Work phone: \_\_\_\_\_

Animal Id number: \_\_\_\_\_ Breed \_\_\_\_\_

Diet \_\_\_\_\_

Medical history \_\_\_\_\_

Current medication/ dosage \_\_\_\_\_

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I am the owner / agent of this \_\_\_\_\_ and I have the right and authority to grant consent.

I authorize the \_\_\_\_\_ veterinary facility, student and staff to perform the procedure and treatment, along with the expected outcome and risk involved.

Procedure:

**1) Foreign body removal** \_\_\_\_\_

**2) Enterectomy** \_\_\_\_\_

**3) Rectal Prolapse repair** \_\_\_\_\_

I understand that there is risk to anesthesia, surgical and the health of the animal, however any procedure that requires general or regional anesthetic I consent to their use as it is needed.

I have read and understood this consent form. I consent to the proposed procedures.

Signature / : \_\_\_\_\_ Date \_\_\_\_\_