

CONSENT FOR SENIOR VETERINARY STUDENT TO PERFORM UNASSISTED SURGERY ON CLIENT-OWNED ANIMALS

Client's name _____

Pet's (pets') names _____

I, the undersigned owner or authorized agent for the owner of the patient(s) identified above, hereby consent to the performance of the following unassisted surgery/surgeries on my animal(s) by a senior veterinary student (preceptee) at this practice:

I understand that _____ (name of preceptee) is a 4th year veterinary student at an American Veterinary Medical Association accredited school of veterinary medicine who is completing a clinical preceptorship under the supervision of the licensed veterinarians at this veterinary practice. This is a common and normal part of the education and training process for the future veterinarians of this state and the USA. I further understand that the doctors at this practice are educationally, medically, and legally responsible for any medical, surgical, diagnostic, and therapeutic decisions made by this preceptee. Moreover, I understand that any unassisted surgical procedures will be carried out only during times when the supervising doctor is providing direct supervision.

I understand that I am encouraged to ask any questions about such actions rendered by a veterinary preceptee at this practice and have them answered to my satisfaction before I sign this consent.

I hereby ____ accept ____ reject the performance of any unassisted surgical procedures for my animal(s) by the above named preceptee

Owner's or authorized agent's name

Owner's or authorized agent's signature

Date

Veterinarian's name

Veterinarian's signature

Date