

**CONSENT FOR SENIOR VETERINARY STUDENT TO PERFORM UNASSISTED  
SURGERY ON HUMANE SOCIETY OR SHELTER-OWNED ANIMALS**

Name of humane society or animal shelter \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that \_\_\_\_\_ (name of preceptee) is a 4<sup>th</sup> 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 humane society/shelter. 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 humane society/shelter 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 humane society/shelter and have them answered to my satisfaction before I sign this consent.

I hereby \_\_\_\_ accept \_\_\_\_ reject the performance of any unassisted surgical procedures for humane society or shelter-owned 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