

Medaille College
Buffalo, NY 14214

Consent for Animal Use in the Veterinary Technology Program

Given to: The Medaille College Veterinary Technology Program

From: Owner _____
Address _____
Phone _____

Animal: Name _____
Species _____ Breed _____
Sex _____ Age _____

I am the owner or agent for the owner of the above described animal(s) and have the authority to execute this consent.

I hereby consent and authorize the use of the animal(s) described above in the Medaille College Veterinary Technology Program for the performance of the following procedure(s) and/or operation(s) which may include anesthetics and other medications:

I understand that my animal(s) will be used for training Veterinary Technology students and will be provided with the appropriate care and respect. I also understand that during the use of my animal(s), unforeseen situations may occur. I hereby consent to and authorize the performance of procedure(s) as are necessary and desirable in the professional judgment of Veterinary Technology Department personnel.

I have been advised to the nature of the procedure(s) that may be used with my animal(s) and I understand the risks involved.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Date

Witness to above signature (Medaille Veterinary Technology Instructor)

Date

Original: Jennifer Butera, Animal Care Supervisor
cc: Owner