

COVID-19 RISK INFORMED CONSENT
ELECTIVE SURGICAL RELEASE



I, _____, understand that I am opting for an elective treatment/procedure/surgery for my pet that is not urgent and may not be medically necessary.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that the staff at St Paul Pet Hospital, LLC are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19.

I have been given the option to defer my pet's treatment/procedure/surgery to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with the desired treatment/procedure/surgery.

By signing below, I am indicating that I have read and understand the nature of the above risks, I have had all my questions answered and give my consent to procedure.

Signature of Owner or Authorized Agent

Date