

# ***PROCEDURE CONSENT***

Owner's Name:

Phone Number:

Pet's Name:

Animal Hospital:

Phone Number:

Attending Clinician:

Procedure Details (if applicable; MUST include which limb):

I have been advised as to the nature of the procedure above including the potential complications and risks thereof. I authorize Michelle Powers, DVM, DACVS-SA, CCRT, DACVSMR, a representative of Moves Managed Services Inc. (hereinafter "MOVES") to perform this procedure. I also understand that the above clinic/hospital (with the assistance of MOVES personnel as needed) will be using appropriate sedatives and/or anesthetics and medications needed to perform this procedure and will be responsible for monitoring my pet. I also grant MOVES and its associates the right to use, reuse, and publish in any manner, for commercial or non-commercial purposes the image, video, or likeness (the "Media") of the above-named animal. I waive the right to inspect or approve the finished product or copy of the Media and I release and discharge MOVES and its representatives all claims, actions, and demands arising out of the use of the media including any claims of invasion of privacy and libel.

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

