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CONSENT FOR THE TRANSPORTATION OF ANIMAL(S) BETWEEN FACILITIES ACCREDITED BY THE COLLEGE OF VETERINARIANS OF ONTARIO

I, _____
Owner's Name *Phone#*

Address

the owner of _____
Name *Breed* *Sex* *Age* *Weight*

Name *Breed* *Sex* *Age* *Weight*

Name and address of the facility that is transporting the animal (s)

I agree to, and understand that, the transportation of my animal(s) to another accredited facility is required in order to receive services which are unavailable at the above facility.

The reasons for the transport of the animal(s) and the reasons for performing the following procedure(s) have been explained to me.

Date: _____

Signature: _____

COMMENTS: _____

