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All Friends Animal Clinic Surgery And/or Anesthesia Consent I Hereby Authorize All Friends Animal Clinic And Its Agents To Perform The Following Procedure(s) On The Animal Described Above: _____ I Also Authorize Any Additional Diagnostic Or Surgical Procedures Or Treatment Deemed Necessary Due To Medical Or Surg Apr 4th, 2024

SAMPLE INFORMED CONSENT Informed Consent To Participate In ...

] Is Conducting Research On [insert What The Research Is About In Terms Understandable To The Potential Participant]. The Purpose Of Your Participation In This Research Is To Help The Researcher [insert Why You Are Doing This Research.] You Were Selected As A Possible Participant In This Study Because [state Why The Subject Was Selected]. Feb 22th, 2024

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