Pet's Name: _____ Species: _____ Weight: _____Color:_____ Sex: ____ Age: ____

Pet Medical Center of Duncanville
Surgical Consent Form

I hereby consent and authorize the performance of the following procedure(s) or operation(s).

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation(s); or different procedure(s) or operation(s) than those set forth above. (The veterinary staff will attempt to contact you if there are major changes that need to be made.) Therefore, I hereby consent to and authorize the performance of such procedures or operations as they are necessary or desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I realize that the results cannot be guaranteed. This hospital uses Sevoflurane anesthesia, places IV catheters and administers IV fluids during all surgical procedures unless medically contraindicated.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

_____ _____ _____
DATE DAYTIME PHONE SIGNATURE OF OWNER OR AGENT

_____
PLEASE PRINT NAME

ACCEPT DECLINE (PLEASE INITIAL THE BOX)

☐ ☐ Home Again: Permanent microchip identification. $49.50

☐ ☐ At the doctor's discretion, I understand that pain management will be administered.

Cat – Small Dog = $30.00	Large Dog = $50.00
0#--20#	41#--60#
Medium Dog = $40.00	Giant Dog = $60.00
21#--40#	≥ 60#

☐ ☐ OraVet Dental Application

☐ *****__**I understand that vaccinations, fecal testing and deworming must be current for my pet to stay in the clinic. (This is for the protection of your pet as well as the protection of the other animals in the clinic.)**__

IF YOU DO NOT HAVE PROOF OF VACCINATIONS, FECAL TESTING AND DEWORMING, THE APPROPRIATE VACCINATIONS WILL BE GIVEN TO YOUR PET TODAY!!!