|  |  |
| --- | --- |
| □ Vaccines Current **/** □ On Estimate / □ Postponed by Dr.  | □ Up to date Estimate |
| □ Pre-surgical Bloodwork / □ Declined | □ Signed Consent Form & Estimate |
| Medical conditions, medications, etc: |

Pet Medical Center of Duncanville

Surgical Consent Form

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

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I understand that vaccinations, fecal testing and deworming must be current for my pet to stay in the clinic. If I do not have proof of vaccinations, fecal testing and/or deworming, the appropriate vaccination(s) will be given to my pet today. This is for the protection of my pet as well as the protection of the other animals in the clinic.

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 me 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name Daytime Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Owner or Agent Date

*FOR OFFICE USE ONLY:*

Owner called during surgical procedure by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM.

Talked to owner \_\_\_\_\_\_\_\_\_\_ No answer/No machine \_\_\_\_\_\_\_\_\_\_ Left message\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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