



PALENCIA

pet clinic

Surgery Consent Form

Date ___/___/___ Owner's Name _____ Pet's Name _____

I am the owner or authorized agent for the owner of the above-named pet and certify that I am 18 years of age or older and accept full financial responsibility. Fees are payable at the time of pickup. I give my consent for Palencia Pet Clinic to perform the following procedures:

Spay Neuter Other Procedure

Palencia Pet Clinic highly recommends Home Again Microchips (\$53.99 including registration). The most humane time to do this is when your pet is anesthetized due to needle size. Yes No

I have been advised that anesthesia always involves risk. Our doctors will do everything possible to minimize that risk.

I have not fed my pet since PM last night.

The last dose of heartworm medication was given on .

Pain control is used with all surgeries before your pet is anesthetized. All pets are monitored electronically and visually by our doctors and staff while they are anesthetized. Time of pickup will be determined at the procedure's end. Any pet with fleas will be treated topically at owner expense.

Please provide all phone numbers where we can reach you today and mark the first number to call.

Cell/Home Texting okay?

Work

Emergency contact

Email address

Signature Date ___/___/___