

Pet Medical Center of Las Vegas
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Marilyn J. Gauntner, DVM
DVM

Lindsay Hucke, DVM

Victoria Gable,

Owner's Name _____ Patient's Name _____ Date _____

Phone # where I can be reached today _____

Procedures/Treatment _____

I authorize the use of appropriate anesthetics, and other medications, advisable in the performance of such surgical, diagnostic, or therapeutic procedures. I understand that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I understand that I can terminate treatment at any time by contacting the attending veterinarian.

I recognize the nature of the procedure(s) or operation(s) being performed and realize that certain risks and complications may be involved. I acknowledge that NO GUARANTEE or assurance has been made as to the results that may be obtained and my financial obligation remains regardless of the outcome.

Treatment of your pet may involve the use of sedation/anesthesia. We realize that the administration of any anesthetic agent carries a small but realistic possibility of side effects, which include death.

We will perform a full physical examination on your pet, as well as the proper blood profile appropriate with your pet's age. The results of the lab test will allow us to evaluate your pet's kidneys, liver function, diabetes, anemia, blood clotting time, possible bleeding disorders, dehydration, and infection; thereby ruling out many pre-existing internal problems that may not be evident physically. This blood profile will allow us to choose the type of anesthetic and supportive care that your pet will tolerate most easily, thereby insuring as smooth a recovery as possible.

_____ I am the owner or agent of the above pet and have the authority to execute this consent.

_____ I accept full financial responsibility for the services rendered on behalf of this patient. **I understand that the payment is due in full upon release of this patient and that cash, check, MasterCard, Visa, or Care Credit may be used to pay for services. I understand that Pet Medical Center does NOT have a payment plan, extended credit plan, or billing policy.**

Signature of owner or responsible agent

I agree to indemnify and hold Pet Medical Center, its doctors, and employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above. I have read and understand this authorization and consent.

Signature of owner or responsible agent