

Pleasant Valley Veterinary Services, LLC

Standard

Consent Form

Client name: _____ Patient Name: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Species: *Canine Feline* Breed: _____ Sex: *Female Male* Age: _____

I am the owner (or agent for the owner of the above-described animal), and have the authority to execute this consent.

I hereby consent and authorize the performance of the following examination(s), procedure(s), test(s), or operation(s):

[Dexdomitor / Torbugesic sedation for OFA and/or PennHip radiographs](#)

I understand that during the performance of the foregoing examinations(s), procedure(s), test(s), or operation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), test(s), operation(s) or different procedure(s), than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure or operations and the risks involved. I realize the results cannot be guaranteed.

Microchip Identification

Prepare for disaster. Very few lost pets find their way home without permanent identification. We can implant a MICROCHIP while your pet is sedated for \$58.29 () YES () NO

In the event that PVVS cannot reach me at the phone numbers provided above, I give my consent for hospital staff to perform procedure(s) not listed above, but deemed by the attending veterinarian to be in the best interest of my pet.

I have read and understand this authorization and consent.

04/13/2025

Signature of Owner or Agent

Date