

1509 S. McColl  
Edinburg, TX 78539



**VETERINARY**  
**Wellness Center**

(956) 386-9310  
vwc@vetwelltx.com

**Authorization for Anesthetic Procedure(s) and/or Surgery**

Your Name:

Your Pet's name:

Anesthetic and medical or surgical procedure(s) to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am / I am not** (circle one) eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. I understand that pain, swelling, bleeding and/or infection may occur. My signature on this form indicates that any questions I have regarding the following procedure(s) have been answered to my satisfaction.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of 100 % of the estimated fees, assume financial responsibility for the remaining fees, and provide payment at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** \_\_\_\_\_ **does not have** \_\_\_\_\_ (initial one) my permission to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel will not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to a) \_\_\_\_\_ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or b) \_\_\_\_\_ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (initial one).

I have read and understand the nature of the above procedures and give my consent to proceed.

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Phone number(s) for today**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date