



Anesthesia Consent Form

Client Information

First Name: _____ Last Name: _____

Phone # to be reached today: _____ Alt #: _____

Patient Information

Patient Name: _____ Birthday / Age: _____

Procedure: _____

I verify I am the owner (or Authorized agent for the owner) of the above-named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia procedure, even in apparently healthy animals, and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical care that was not anticipated for the safety or care of my pet. **Initial:** _____

I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital). **Initial:** _____

Consent for CPR or DNR: In the case that your pet were to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide Life-saving measures (i.e. cardiopulmonary resuscitation)? Costs of these services are NOT reflected in this estimate. If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the option on how to proceed.

Please initial your selection.

_____ CPR I authorize appropriate life saving measures. I understand and assume all financial responsibility for this.

_____ DNR I do not wish for life saving measures to be employed. I am electing "Do Not Resuscitate" status for my pet.

Client Printed Name

Signature

Date

Staff Member that took patient in.