



CONSENT FOR SEDATION/ANESTHESIA/SURGERY

Patient name: _____

Date: _____

Procedure: _____

I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. My signature below certifies that I am over eighteen years of age.

I have been informed that there are certain risks and complications associated with sedation, anesthesia and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.

The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Name

Signature

Best phone number

CPR. In the event that your pet should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of their status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion. Please initial your choice below.

_____ I agree to CPR being performed in case of arrest

_____ I elect a "Do Not Resuscitate (DNR)" status in case of arrest



DENTALS / TOOTH EXTRACTIONS

In the event your pet is found to need teeth extractions while here for a dental cleaning, do you give consent to have those teeth extracted? Occasionally during dental cleanings, we will find teeth that, due to decay or damage, need to be removed for your pet's continued health

By consenting to this service, you acknowledge that certain fees may apply. Please initial your choice below.

_____ I agree to have all necessary teeth extracted

_____ I elect not to have any teeth extracted against the recommendations of the veterinarian. Please be aware that if you decline any needed procedures at this time, your pet might need a second anesthesia at another time in order for those procedures to be performed.

My signature below indicates that I am aware Suburban Animal Hospital does not currently have dental x-rays. Without intraoral radiographs some pathologies may remain undetected beneath the gumline or within the tooth. Without post-extraction images there is a possibility of undiagnosed retained root fragments

Signature

Date