



CONSENT TO SURGERY, ANESTHETICS, and OTHER MEDICAL SERVICES

Client Information

Client Name: _____
Address: _____
Cell Phone: (____)____-____
Work Phone: (____)____-____

Patient Information

Name: _____
Species: _____
Breed: _____
Age: _____
Sex: _____

1. I authorize the performance of the following operation/medical procedure(s): _____ Cost: \$_____
to be performed by or under the directions of Dr.: _____
Additional procedures to be included while my pet is under anesthesia:

- Microchip implant \$29 (plus additional initial \$17.99 annual registration)
Nail trim \$12
Other: (Free-type)

2. The condition requiring treatment and the nature, purpose, risk and benefits of the operation(s)/procedure(s), possible alternative methods of treatment, including non-treatment and the possibility of complications has been fully explained to me. I was given the opportunity to ask questions and any such questions were answered to my satisfaction. I understand that the practice of medicine and surgery is not an exact science, and therefore no guarantee or assurance has been given by anyone as to the results that may be obtained. In case of a life-threatening emergency, I authorize life saving techniques, such as CPR:

- I accept
I decline (Do Not Resuscitate)

3. I understand that blood screening is recommended prior to anesthesia in order to maximize patient safety and alert the veterinarian to possible unforeseen problems (such as diabetes, kidney or liver disease and anemia), which might complicate the anesthesia or procedure. I further understand the risks, benefits, and alternatives to the type and method of anesthesia or sedation recommended, and I consent to the administration of such anesthetics as may be considered necessary or advisable by the veterinarian for this procedure. I further understand that in some cases, the veterinarian may deem it necessary to run additional tests/blood work that would exceed the cost quoted below. In such a case, please proceed as outlined in section 4.

- Yes, please perform blood work prior to my pet's anesthesia. Cost: \$69 (for elective procedures)
No, I elect to decline pre-anesthetic blood testing and proceed with anesthesia.

4. I understand that the performance of operations or other procedures in addition to or different from those now contemplated and outlined above, whether or not arising from presently unforeseen conditions, may be considered necessary or advisable in the judgment of the above-named veterinarian or his/her associates. Should such a need arise, the veterinarian or their staff will make every effort to contact me at: _____. Should they be unable to contact me, I consent to the following:

- No further contact needed, proceed according to the veterinarian's best judgment.
No further contact needed, proceed according to the veterinarian's best judgment, unless additional cost will exceed \$_____
Do nothing further beyond the already agreed-upon procedure(s).

-If we are unable to reach you at the number listed, for the safety of your pet, your pet will be woken up. This may result in a second procedure for treatment(s) at additional costs.

- In the case of emergency, the veterinarian WILL use thier best judgement

5. Included in the cost of this procedure is an e-collar to prevent your pet from possibly damaging the affected area. Would you like your pet to have one? (NOTE: Dental procedures do not require the need for an e-collar)

- Yes, please send my pet home with an e-collar
- No, I do not wish to have an e-collar

MY SIGNATURE BELOW CONSTITUTES MY ACKNOWLEDGMENT:

- i. That I have read, understand and agree to the foregoing,
- ii. That the proposed operation(s) have been satisfactorily explained to me and that I have all the information I desire,
- iii. That I hereby give my authorization and consent, and
- iv. That all blank spaces on this document have either been completed or crossed off if they do not apply prior to my signing

Pet Owner/Client Signature

DATE

ATTESTATION: Prior to the procedure, the condition requiring treatment and the nature, purpose, risks, and benefits of the operation(s)/procedure(s), possible alternative methods of treatment, including non-treatment and the possibility of complications was discussed with the patient’s owner or legally authorized representative. I gave them the opportunity to ask questions and answered any such questions to their apparent satisfaction. I have reviewed the surgical consent and verified that the planned procedures are accurate.

CityVet Staff Member: _____