

SHORES ANIMAL HOSPITAL ANESTHETIC CONSENT FORM

Food must be withheld for a minimum of 12 hours prior to procedure. Clear liquids are okay to have.

I am the owner of _____ and I have authority to execute this consent; by signing below, I understand that I am authorizing performance of the following procedure under anesthesia:

Procedure(s) requested: _____

****IF PET IS IN HEAT OR PREGNANT AT TIME OF SPAY CHARGE IS \$30-60 ADDITIONAL****

The doctor may recommend pain medication to go home after surgery:

____ I agree, ____ I decline (this medication is an additional charge and will be given by mouth for up to 5 days)

FURTHERMORE, I understand that during the performance of the aforementioned procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or a different procedure(s) than is indicated above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary in the exercise of the veterinarian's professional judgment. To reduce the risk of surgical and anesthetic complications, SHORES ANIMAL HOSPITAL RECOMMENDS THE FOLLOWING SAFEGUARDS (please authorize those you wish performed for your pet):

____ Pre Anesthetic Labwork (this may be required based on pet's condition or age)

____ Intravenous fluid administration to maintain blood pressure/hydration.(this may be required based on pet's condition or age)

____ Chest X-rays to help rule out heart and lung problems.

____ Preoperative Electrocardiogram to reveal an underlying heart problem which may complicate surgery or recovery.

____ All of the above safeguards to ensure the least amount of anesthetic risk.

____ **NONE OF THE ABOVE SAFEGUARDS- I REALIZE THERE MAY BE SOME ADDITIONAL RISK INVOLVED BY DECLINING THE SAFEGUARDS MENTIONED ABOVE.**

I UNDERSTAND that by checking the option(s) above, I have authorized Shores Animal Hospital to perform such options. I also authorize the use of appropriate medications and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. Furthermore, I have been advised as to the nature of the procedure(s) and associated risks- including the possibility of death due to anesthesia complications. I realize results cannot be guaranteed. While my pet is under anesthesia, I would like the following additional elective procedures performed:

____ Dental cleaning with radiographs in additional to surgical services

____ Nail trim.(\$10.00)

____ Surgical Dremel (\$31.00)-this will make the nails very short and can only be done under anesthesia

____ Ear Cleaning.(\$21.26)

____ Microchip for permanent identification (\$38.00) this includes registration

ALL ANIMALS ENTERING THIS HOSPITAL MUST BE CURRENT ON VACCINATIONS AND FREE OF EXTERNAL PARASITES(FLEAS,TICKS,ETC.) OR THEY WILL BE TREATED AT THE OWNER'S EXPENSE.

BY SIGNING BELOW I AGREE THAT I HAVE READ AND UNDERSTAND THIS AUTHORIZATION/CONSENT FORM.

****SIGNATURE OF OWNER _____ DATE _____**

A DEPOSIT MAY BE NECESSARY AT THIS TIME AND PAYMENT OF THE REMAINING BALANCE IS DUE UPON DISCHARGE OF YOUR PET.

CONTACT NUMBER FOR TODAY:_____

CONTACT NAME:_____

Owner Information and Consent for CPR or DNR

Owner's Name: _____ Pet's name: _____

Although all types of anesthesia involve some risk regardless of patient age, major side effects and complications from anesthesia are uncommon. Your pet's specific risk depends on his/her health, the type of anesthesia used, and your pet's response to anesthesia.

All patients of Shores Animal Hospital are monitored during surgery with an ECG machine, pulse oximeter, and a blood pressure machine. In addition to the monitoring equipment, all surgeries are manually monitored by a doctor or a dedicated technician during the procedure.

CPR is the resuscitation of an animal that has stopped breathing and whose heart is not beating.

DNR means "do not resuscitate". This is a decision that CPR is not to be performed in the event that the pet stops breathing or has no heartbeat. If you choose DNR and your pet stops breathing or his/her heart stops beating then we will not attempt to revive your pet and your pet will pass away.

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. Management of the post-arrest requires vigilant monitoring and the technical expertise of dedicated critical care personnel. This care is costly and the outcome is uncertain.

I understand that there are risks associated with anesthesia and I understand no guarantee of successful treatment can be made. I am the owner or authorized agent of the above named pet and I understand I am responsible for all fees associated with the procedures performed on the pet no matter the outcome.

I HAVE READ AND UNDERSTOOD THE INFORMATION ABOVE OR HAVE HAD IT EXPLAINED TO MY SATISFACTION. I agree to indemnify the doctors and staff at Shores Animal Hospital, its servants or agents from any loss or liability which they may incur as a result of an inaccuracy whether intended or otherwise in this my solemn declaration.

Signature: _____ Date: _____

Please make selection below:

I request the staff to perform CPR (resuscitation) on my pet if my pet suffers from cardiac or respiratory arrest. My pet may not respond to CPR or may respond initially and then suffer another arrest later. My pet may die despite CPR. The estimate for initial CPR is \$300 to \$500 but this cost is only an estimate and may vary.

Signature: _____

OR

I DO NOT want CPR performed on my pet. I understand that if my pet stops breathing and/or his/her heart stops beating that my pet will pass away unless CPR is performed. I elect to have DNR orders placed on my pet's record OR I elect that the veterinary staff stop the initial attempts at CPR that may have been started while I was being informed of the condition of my pet and my options.

Signature: _____