

CONSENT FOR ANESTHESIA OR SURGERY

I, _____, being a person over 18 years of age, hereby give my consent for this surgical or anesthetic procedure, _____, to be performed on my pet, _____ by All Creatures Veterinary Care Center.

Canines & Felines must be fasted prior to anesthesia unless otherwise specified by your doctor.

Has food been withheld since 10:00 pm last night? (Yes) (No)

Has water been withheld since 6:00 am today? (Yes) (No)

Current Medications (doses and when it was last given): _____

I understand that the anesthetic, surgical, or therapeutic procedures may involve the risk of complications, injury, or even death, from known and unknown causes, and no warranty or guarantee has either been expressed or implied as to the result or cure. Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other heroic interventions, I request that the doctor(s) conduct/not conduct such medical care as indicated below. If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival, I agree to pay CPR fees of \$150 per 15 minutes, in addition to other fees already identified by the practice and agreed upon by me.

We will administer CPR unless declined:

Accept _____ Decline _____

I accept that if the hospital staff is unable to reach me within 20 minutes after the initial CPR procedures, and after exercising reasonable medical judgement, determine that there is no hope for success, the staff will cease CPR procedures. I understand that despite the best effort of the doctor(s) and staff, even the most successful CPR may not allow for my pet to regain his/her normal mental and physical health, and thus, may leave her/him as invalid.

Daytime phone contact: _____ **Emergency #:** _____

At this phone number the staff/doctor(s) will make an attempt to reach me with any problems or changes, and if no one is reached, I hereby give All Creatures Veterinary Care Center the permission to do what they believe is medically necessary for my pet.

DECLARATION

I am the owner of the above-mentioned animal. I have had the reasons for surgery and/or anesthesia explained to me and I am satisfied with the plan of management for my pet's condition. I have also had the likely fees explained to me and accept responsibility for payment of these fees at the time of discharge. While my pet is at All Creatures Veterinary Care Center for treatment, I agree to indemnify All Creatures Veterinary Care Center, its servants or agents from any loss or liability which they may incur as a result of any inaccuracy whether intended or otherwise in this, my solemn declaration.

Signed: _____ **Date:** _____

Witness: _____ **Date:** _____