

Paradise Pet Hospital

Authorization for Anesthetic Procedure(s) and/or Surgery

- Test Test
- Paradise Road
- 702-734-1711
- Las Vegas, NV 89169
- Test Dog
- 3 Yrs. 5 Mos. Male Canine Poodle, Toy

Today's anesthetic procedure can have common or serious complications which include: vomiting, neurological side effects, respiratory suppression, cardiac suppression, and death. I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen (18) years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options
- Sufficient details of the procedures to understand what will be performed
- How my pet will recover
- Any necessary payment arrangements
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand there's no guarantee or warranty regarding the results that may be achieved. I agree to pay any required deposit of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit, debit or check at the time my pet is discharged from the hospital. Furthermore, if there is a need for overnight hospitalization, I have been informed that this establishment is not staffed 24 hours/or overnight and that I am encouraged to transfer my pet to an emergency facility for proper care, treatment, and/or medical observation.

I understand it is a hospital policy to perform pre-anesthetic bloodwork on my pet prior to any sedation or anesthesia today and that if there are any abnormalities which are determined to make an anesthetic procedure unsafe today, I am responsible for paying the cost of the bloodwork to Paradise Pet Hospital at the time my pet is discharged.

In the event of **non-emergency** care which would require another sedation, if the hospital staff is unable to reach me, the staff **has** / **does not have** (**Check one**) my permission to provide such treatment and I agree to pay for such services.

In the event of a life threatening situation, emergency care required will be performed and services rendered will be charged accordingly, if we are unable to establish contact in a timely manner. In the event we are unable to reach you, please select one of the following options.

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compressions, manual breathing, emergency drugs, and/or other life-saving interventions, I request that doctor(s) and staff at Paradise Pet Hospital pursue such medical care as

indicated below. Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee to pay for service(s). Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

I authorize the staff at Paradise Pet Hospital to perform any life-saving procedures deemed necessary.

By *selecting this option, I understand that the medical team cannot guarantee success*

OR

I elect NOT to have staff pursue any CPR procedures for my pet and instead request that the medical team not attempt resuscitation in the event of an emergency.

I accept that veterinary medicine is not an exact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

Phone Number(s) provided for today:

Date:

Signature of Authorized Owner: