

Consent for Anesthesia/Sedation (Dental Prophylaxis)

Date: %MMMM_dd_yyyy%

%patientname% %clientlastname%, %patientage%, %patientsex%, %patientbreed%, %patientspecies%

Patient ID number: %patientid%

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 hereby authorize the veterinarians and staff of Peachtree Creek Animal Hospital to perform such anesthetic and surgical procedures as are necessary and advisable for my pet's health and well-being. 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 understood this authorization and hereby accept and agree to the terms of the consent for treatment.

Extractions (Please initial your choice below.)

_____ I authorize all medically necessary extractions be performed.

_____ I prefer to be called before any extractions are performed. If I cannot be reached, I authorize you to proceed up to \$_____ cost.

_____ If I cannot be contacted by phone, I do not authorize any extractions to be performed. ***Please be aware that if you decline any needed procedures at this time, your pet would need a second anesthesia at another time in order for those procedures to be performed.***

Client Signature _____ Best phone number to reach you at today: _____
%clientfirstname% %clientlastname%

CPR

In the event that %patientname% 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 %patientname%'s 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" status in case of arrest

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