

Cats and Dogs Animal Hospital  
Consent Form for Surgical Procedure/Anesthesia

I, \_\_\_\_\_ give Cats and Dogs Animal Hospital full and complete authority to perform the surgical procedure for pet \_\_\_\_\_ described as:

---

**IN CASE OF EMERGENCY:**

\_\_\_\_\_  
**PHONE #1**

\_\_\_\_\_  
**PHONE #2**

\_\_\_\_\_ **Resuscitate if necessary.**

I authorize Cats and Dogs Animal Hospital, their agents or staff, in an emergency situation to proceed with stabilization and resuscitating attempts if indicated. I understand "attempt" does not guarantee resuscitation. I understand that I assume all financial responsibility for all services rendered and for the cost of any inventory utilized during this emergency procedure.

\_\_\_\_\_ **Do NOT Resuscitate**

**I DECLINE any emergency treatment if complications develop during the above procedure**

**ANESTHETIC RISK**

I understand there are inherent risks of anesthesia, and although every effort has been made to determine my pet's suitability for anesthesia, occult conditions may cause unforeseen anesthetic complications to arise. Anesthetic complications include but are not limited to nausea, vomiting or diarrhea, anaphylaxis, hypotension, death.

**EXTERNAL PARASITES**

If \_\_\_\_\_ is found to have fleas, a CAPSTAR (Nitenpyram) will be given to prevent the introduction of fleas to our facility.

The owner/agent of owner acknowledges, accepts and assumes full and total financial responsibility for any and all services rendered by the Clinic, its staff or employees in the treatment of \_\_\_\_\_ and to pay for such services when the services are performed or when \_\_\_\_\_ is picked up from the clinic.

Signed \_\_\_\_\_

Date \_\_\_\_\_