



HOSPITALIZATION AND SURGERY CONSENT FORM

Owner / Agent Name: _____ Date: _____

Phone: (please list the number the doctor can reach you *TODAY*) _____

Animal's Name / Identification: _____ Date Of Birth: _____

I am the owner or agent for the owner of the above described animal(s) and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or surgery(s):

<i>Surgery or Procedure</i>	<i>Estimate of Cost</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Reason for Drop Off:

CPR Yes No
 initials _____

Total \$ _____

Blood Work
 Yes No

IV Fluids
 Yes No

1) I understand that during the performance of the above stated procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s)/surgery(s) and may require additional testing, anesthesia, or surgery. Therefore, I hereby consent to and authorize the performance of such procedure(s)/surgery(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

2) I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support person will be employed as deemed necessary by the veterinarian.

3) I have been advised of the nature of the medication(s), procedure(s), or surgery(s) and the risks involved. I understand that results can not be guaranteed and the procedure(s) may fail to achieve expected results. Risk of anesthesia and surgery includes but are not limited to: prolonged sleeping, cardiac arrest, anesthetic death, injury during recovery, fractured bones, myositis, nerve paralysis, bleeding, infection, or scaring.

4) I have read and understand this authorization and consent and I assume full financial responsibility for all cost incurred during my pets stay at Desert Hills Animal Clinic. I agree to pay all charges at the time of release of my pet.

Initial ()

Desert Hills Animal Clinic Policy

- 1) ALL FEES ARE DUE AT TIME OF SERVICE. No credit will be extended. We attempt to keep our fees reasonable, a billing service only adds to the cost of business. DEPOSITS ARE REQUIRED FOR ALL HOSPITALIZED PATIENTS.
- 2) There is NOT 24 HOUR OBSERVATION of hospitalized patients. All patients staying after hours will not be continually monitored. A nurse may be available to perform periodic checks. All critically ill patients will require transfer to an emergency/after-hours care clinic.
- 3) You will be required to sign separate consent forms for various procedures including, surgery, anesthesia, medical therapies, or euthanasia.
- 4) Once patients are discharged, the OWNER OR AGENT WILL ASSUME ALL RESPONSIBILITIES FOR HOME CARE. Written instructions will be provided upon request.
- 5) Many of the medications dispensed to your pet may be available at a local pharmacy. Upon request, a prescription will be furnished, if you wish to purchase medications at a separate location.

I have read this consent and policy statement in its entirety and agree to the terms.

Signature owner / agent: _____ Date: _____

Staff Witness: _____