

Treatment/ Surgical Consent Form

Cimarron Animal Hospital

180 N. Harrison Rd. Tucson, AZ 85748 520-886-1125 cimarronah.com

Patient Name: _____ Client: _____ Date: _____

I, the owner of the above named animal, give consent for the following procedures to be performed in my absence:

PROCEDURE

VACCINATIONS must be current to stay in the hospital.

CURRENT MEDICATIONS/Supplements/ Vitamins _____

EXTERNAL PARASITES Pets found to have fleas or ticks upon presentation will be treated and charged accordingly (\$15.00 for pets under 25#, \$25.00 for pets over 25#)

ANESTHESIA

I authorize the use of appropriate anesthetics and other medications. I understand that during this procedure(s), unforeseen conditions may be revealed that necessitate an extension of the same or different procedure(s) than set forth above. I also understand that, despite presurgical exams and diagnostics, unforeseen conditions may exist that may cause unexpected anesthetic complications. I authorize the Doctors and Staff to do everything within their power to prevent anesthetic complications.

RESUSCITATIVE DIRECTIVE: In the unlikely event of Cardiac Arrest, I authorize the following:

- _____ CPR (If I am not reachable within 15 minutes, I understand that CPR efforts will be discontinued if spontaneous breathing has not been recovered.)
_____ Do Not Resuscitate and assist humane euthanasia.

AFTER HOURS CARE

I understand that there is no staff on the premises after hours, except by special arrangement, as explained to me by the staff.

ANCILLARY PROCEDURES

I wish to have the following procedures done while is hospitalized:

___ Microchip ___ Toe nail Trim ___ Anal sac Expression
___ Other: _____

I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed.

I agree to pay for all services rendered at the time of my pet's discharge regardless of outcome.

Client Signature

Best Contact Number: _____

Other number/ email: _____

Staff