

## **SURGICAL/ ANESTHETIC CONSENT 4/23/13**

For Cimarron Animal Hospital 180 N. Harrison Rd. Tucson, AZ 85748 (520) 886-1125

I authorize the following procedures be performed on my pet in my absence:

**Procedures:** \_\_\_\_\_

Owner signed Estimate for these procedures

**VACCINATIONS** must be current to stay in the hospital.  Current  Due today: \_\_\_\_\_

**CURRENT MEDICATIONS:**

\_\_\_\_\_ Were any medications taken today?  No  Yes \_\_\_\_\_

**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#)

**PRE-ANESTHETIC BLOODWORK** appropriate to your pet's age and health status has been performed or will be performed prior to giving any medications.

**FELV/ FIV Testing** is recommended annually for high risk **cats**, sick cats, or cats with gingivitis/ stomatitis  
\_\_\_\_\_ Yes, Please test my cat \_\_\_\_\_ No, thank you

**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 please 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 \$60.49** (incl Registration)  **Toe nail Trim** \$10.00  **Anal sac Expression**  
\$19.95  
 **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 's discharge regardless of outcome.

\_\_\_\_\_  
/ Authorized Agent signature

**Contact Information-- where you can actually be reached throughout the day in case of Emergency** or the Doctor needing to reach you to discuss your pet's condition.

Phone:  \_\_\_\_\_  **Other:** \_\_\_\_\_

Email:  \_\_\_\_\_

Text: \_\_\_\_\_

# Cimarron Animal Hospital

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