



Surgery & Procedure Consent Form

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Attending Veterinarian

Patient and Client

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

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

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

I have been advised of the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed and that there are inherent risks to the patient from general anesthesia and the procedure(s) or operation(s) including but not limited to: aspiration/pneumonia, hemorrhage, incisional dehiscence and/or infection, deep surgical site infection, and death. Risks and potential complications specifically related to the foregoing procedure(s) or operation(s) have also been discussed in detail with me by the veterinarian.

I have read and understand this authorization and consent.

Date

Signature of Owner or Agent

Admitting Technician/Witness

It is very important to our staff to know how to IMMEDIATELY respond to an unexpected life-threatening situation since reaction time can be critical in determining treatment outcome. In order to provide your pet with the best possible care while hospitalized and at the same time follow your wishes, we ask that you choose a resuscitation code for your pet.

CPR - Perform basic efforts of resuscitation and contact me for further approval DNR - Do not resuscitate

Client Initials: _____