



Date:	Patient Label
Procedure:	
Department:	Doctor:

Anesthesia Consent

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgment of the veterinarian.

Client Acknowledgements

- 1. Major risks of the surgery/procedure to be performed including the risk of death while under anesthesia have been discussed with me by my veterinarian or a member of his or her clinical staff. Should my pet require resuscitation, my instructions are as follows:
 Yes, Resuscitate as Needed No, Do Not Resuscitate
- 2. Complications are a part of the risk in medical/surgical procedures. I understand that unforeseen complications or changes in my pet's condition may occur during the hospital stay or after discharge. These complications/changes may increase my bill. I agree to ask for billing updates as I receive updates on the condition of my pet.
- 3. Any changes in my pet's condition will be communicated as soon as possible by the veterinarians.
- 4. Patients are released from a specialist's in-patient care by appointment only. Emergency patients not picked up or transferred by 9:00 am on weekdays will be automatically transferred to a specialists care until other arrangements can be made. I understand that I am responsible for any additional charges this may cause.
- 5. I assume responsibility for all charges and understand all balances are to be paid upon release of my pet.

Authorization

The above policies have been explained to me and any questions I may have about such policies have been answered. I hereby authorize the doctors on duty and assistants to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of their findings. I also consent to the administration of anesthetics and surgical intervention if necessary. I consent to the release of medical information and authorize direct payment to WestVet for all services performed.

Owner Signature: _____ Date: _____

Witness Signature: _____ Date: _____