Cypress Dog and Cat Hospital

5422 Lincoln Ave

Cypress, CA 90630

 714-527-4570

**Surgery Consent Form**

I am the owner or agent for the animal described above and I have the authority to execute this consent. I hereby consent and authorize the veterinarians or veterinary staff to perform the following tests, procedures or operations:

SURGICAL SERVICES

 [ ]  Ovariohysterectomy (spay-female)

 [ ]  Castration (neuter-male)

 [ ]  Skin lump or tumor removal

 [ ]  Dental cleaning +/- extractions

 [ ]  Other:  **.**

All patients requiring general anesthesia will receive pre-operative blood testing, pre-operative sedation, IV catheterization, IV fluid therapy, pain medications, injectable and/or inhalant anesthesia, endotracheal intubation, electronic monitoring, and body heat maintenance support as determined by the standards of care of Cypress Dog and Cat Hospital.

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure. I understand that hospital support personnel will be used as deemed necessary by the veterinarian and that more than one veterinarian may make decisions or perform procedures on my pet during the hospital stay.

While I accept that all procedures will be performed to the best of the abilities of the staff and doctors of Cypress Dog and Cat Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

IN CASE OF EMERGENCY:

Emergency telephone number where I may be reached .

[ ]  I authorize the clinic staff in an emergency situation to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

[ ]  I DECLINE any emergency treatment if complications develop during the above procedure.

[ ]  If an emergency situation develops and I cannot be reached at the above telephone number or numbers, I authorize the veterinarians and staff to continue treatment of my pet but the emergency procedure costs should not exceed $ . I understand that this cost is in ADDITION to any estimates for the surgery/anesthesia procedure listed above.

The fees related to the above treatment plan are outlined on the estimate. I understand that this is an estimate only and is based on a pre-anesthetic examination. New information may come to light following induction of general anesthesia and change the estimate.