

Pet Emergency Center

Hospitalization, Surgery and Sedation Consent Form

- I authorize and request that my pet _____ receive care at the discretion of the attending veterinarian(s) and or staff of the Pet Emergency Center. I understand that my pet will be cared for by the clinic staff which may include the veterinarian(s) and support staff.
- I have voluntarily entrusted my pets care to the Pet Emergency Center and its staff. I have received explanation to my complete satisfaction of my pet's condition, plan for treatment, initial prognosis, availability for referral to a specialty practitioner, and the potential risks associated with treatment.
- No guarantee as to results, outcome, or care has been implied or stated. I understand that unexpected reactions may occur with any administered medication(s). This reaction could develop rapidly and without obvious warning.
- In the case of need for anesthesia and or surgery for _____, I understand that there are special risks including potential risk of death with all procedures no matter how brief or minor. Additional risks depending on the case may include: excessive bleeding, infection, profound pain, and failure of the surgical procedure itself. Preoperative laboratory screening is available to help identify extraordinary risk factors. I have been specifically encouraged to have this lab work done prior to anesthesia. Aware of potential risk, I request that the listed procedure be preformed.
- I understand that I may ask for an estimate of the charges based on the information that is at hand prior to treatment. This estimate is NOT a quote of costs. Actual cost of treatment may be more or less than initially proposed. The clinic will make a reasonable attempt to inform me of changes in the proposed plan, treatment costs, and the patient's condition by calling the number I have listed below.

I have carefully read all of the above information. I have no unanswered questions and agree to all of the above. I am authorized to make all the decisions regarding care and understand that a deposit is required before treatment commences and that payment in full is required before discharge of my pet can occur.

Signature
Revised 3/8/10

Pet's Name

Contact #

Date