



ANIMAL HOSPITAL of  
**South Bay**

### Authorization for Anesthesia and Surgery

Anesthetic and/or surgical procedure(s) to be performed: \_\_\_\_\_

I authorize the veterinarian(s) at Animal Hospital of South Bay to perform the above procedure(s). I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarians before the procedure(s) is/are initiated. My signature on this form indicates that my questions have been answered.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I also understand that potential complications such as infection, implant failure or similar problems (including death during or post anesthesia), can arise despite this best care approach.

I understand that the veterinarian will make every effort to contact me in the case of unforeseen emergencies regarding treatment but if unable to contact me, will proceed with either option A or B.

In the event of cardiopulmonary arrest (breathing or heart stops), please indicate below how you would like us to proceed:

**A.**

\_\_\_ I authorize ALL resuscitative efforts (typically includes: intubation, ventilation, chest compressions, oxygen, IV drugs, blood pressure). I understand there is no guarantee in the success of these efforts; however, I agree to pay all costs associated. I understand these costs are not included in the above estimate and are an additional \$200 per 15 minutes. My contact information below is correct.

**B.**

\_\_\_ I request that NO resuscitative efforts be initiated.

Authorization for anesthesia and/or surgery may be executed by fax signature, email reply giving consent or verbal consent, which shall have the same force and effect as an original signature.

**Phone numbers at which owner/agent can be reached:**

(     ) \_\_\_\_\_ (     ) \_\_\_\_\_  
Primary Secondary

I have read and fully understand the terms and conditions set forth above:

X \_\_\_\_\_  
Owner or Agent's Signature Date

X \_\_\_\_\_  
Parent of Legal Guardian Date  
(if owner agent is less than 18 years of age )

FOR VERBAL CONSENT OVER PHONE

\_\_\_\_\_  
Please read the form to the owner/agent and then ask if they consent to the agreement.

\_\_\_\_\_  
Animal Hospital of South Bay (sign if client consents)

\_\_\_\_\_  
2nd Representative (sign if client consents)