

## Veterinary Anesthetic Dentistry 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 veterinarian or veterinary staff to perform the above procedures, administer anesthesia and perform any services listed on the provided treatment estimate. \_\_\_\_\_ (initials)

I approve all medically recommended dental extractions and accept financial responsibility for associated costs \_\_\_\_\_ (initials)

All patients requiring general anesthesia and anesthetic dental procedures will receive, at a minimum: IV catheterization, injectable and/or inhalant anesthesia, endotracheal intubation, electronic monitoring, complete oral radiographs, ultrasonic scaling and dental polishing, and body heat maintenance support. \_\_\_\_\_ (initials)

All patients requiring general anesthesia, surgery, or sedation are required to have the any blood work listed on the estimate provided prior to the procedure: a pre-anesthesia blood work panel will be performed for all dog spays/neuter. A FeLV/FIV test will be performed for all cat spays/neuters if a valid test result is not already on file. \_\_\_\_\_ (initials)

Complications of sedation, anesthesia, and minor procedure include, but are not limited to: Hypotension, hypothermia, hypoxia, cardiac arrhythmias, compromise to the airway, bleeding, incision failure, infection at the surgical site, adverse drug reactions, bruising, IV catheter failure, leakage at the IV catheter site, aspiration pneumonia, fractured jaw, oral-nasal fistula formation, retained dental roots, extraction surgical site dehiscence

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have asked and had answered any questions I have related to the procedure, the safety of the procedure or that of any potential complications. I have also been informed that there are certain risks and complications associated with any operation or procedure. I have also been informed that there will be ancillary care associated with the procedure that may not be specifically listed above, and that these also carry certain risks; and I accept these risks. I further understand that during the

course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I understand that there may be additional costs incurred due to complications or unforeseen conditions and I accept complete financial responsibility for these at Oneonta Veterinary Hospital. I understand that there is no guarantee of successful treatment, outcome or cure. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. 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. I understand that Oneonta Veterinary Hospital may not have 24 hour staffing and if it is necessary for \_\_\_\_\_ (patient) to remain hospitalized beyond normal business hours, that some or all of the afterhours period will be unsupervised.

As the owner (or authorized agent for the owner) of \_\_\_\_\_ (patient), I do hereby consent and grant the veterinarians of Oneonta Veterinary Hospital and all of their employees, and/or representatives (collectively, the "Hospital") full and complete authority to perform the surgeries, procedures and treatments described above and to provide any ancillary care, and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary for \_\_\_\_\_ (patient); and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments. I have read and understand this estimate. I agree to pay, in full, for services rendered at the time of service (including those deemed necessary for medical/surgical complications or unforeseen circumstances).

I understand that care may be required following the discharge of \_\_\_\_\_ (patient). I agree to follow and perform all instructions given to me for this care, as outlined in the discharge instructions which will be provided by Oneonta Veterinary Hospital. I understand that it is my responsibility to contact the veterinarian if I have any questions or concerns regarding my pet's recovery.

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Client/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CPR or DNR Consent Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

**Cardiopulmonary resuscitation (CPR)** is the treatment required to save an animal's life when suffering from cardiopulmonary arrest. Cardiopulmonary arrest cannot always be predicted and can occur in pets that appear healthy. The intent of **CPR** is to provide sufficient blood flow and oxygen to the brain and vital organs to support life until more advanced medical therapy can be started.

CPR may involve, but is not limited to chest compressions, tracheal intubation (to achieve airway control), ventilation, placement of an IV catheter, IV fluid administration, administration of medications tailored to your pet's needs. Medications may be administered IV, intratracheal and/or intracardiac.

**Do Not Resuscitate (DNR)** means that life saving measures, including CPR will not be used in the event that your pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious.

**Outcomes:** On average, **only 5-7%** of patients that receive CPR **survive** long enough to be discharged from the hospital. If a pet initially survives CPR, they will still require hospitalization, intensive care and extensive monitoring, for a prolonged period of time. Additionally, pet's that survive CPR are at risk of relapsing into cardiopulmonary arrest and many require CPR again. Pet's that survive CPR may not ever return to normal health and function.

CPR and, in the event of survival, patient after care, are costly. By consenting to CPR, I accept all costs and financial responsibility associated with the delivery of that care at Oneonta Veterinary Hospital or at a third party veterinary clinic of my choosing, regardless of the survival of my pet, and any necessary medical aftercare for my pet.

I understand that anesthetic, surgical or therapeutic procedures and treatments may involve risk of complications, injury, or even death, from both known and unknown causes and no warranty or guarantee has either been expressed or implied as to the result or cure.

I have read and understood the information above or have had it explained to my satisfaction.

Hereby, I expressly agree to release Oneonta Veterinary Hospital and its agents and representatives, from liability for any and all damages to my pet and agree to hold Oneonta Veterinary Hospital, its agents and representatives harmless from any liability associated with the procedure and treatments being performed on my pet.

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Signature and Date

**DNR {**            **}** I do not wish for my pet to receive CPR. I understand that if CPR is not used in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious that my pet will pass away. I accept complete financial responsibility for medical care provided to my pet prior to the occurrence of cardiopulmonary arrest.

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Signature and Date

**OR**

**CPR {**            **}** I consent for my pet to receive CPR in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious.

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Signature and Date

\_\_\_\_\_ I accept that in the event that I cannot be contacted within 15 minutes of the initiation of CPR, and that reasonable measures were taken, and that there is deemed no chance of recovery, the medical team will cease CPR. I understand that even with the best efforts and appropriate CPR treatment my pet may not survive, nor make a full recovery to his/her prior health.

\_\_\_\_\_ By requesting CPR, I accept complete financial responsibility for prior medical care, the cost of CPR and any resultant ongoing care regardless of the outcome to the health or survival of my pet.

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Signature and Date