

**Prestige Animal Hospital**  
16055 Sierra lakes Pkwy 100  
Fontana CA 92336  
909-329-2860

**Authorization for Anesthetic Procedure(s) and/or Surgery**

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

I, the undersigned owner or agent of the owner of the pet identified above, authorize the veterinarians at this veterinary practice to perform the discussed procedure(s). I understand that some risks always exist with anesthesia, sedation/immobilization, and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

I agree to make a full payment of the estimated fees, assume financial responsibility for the remaining fees, additional fees, and provide payment via cash, credit card or check at the time my pet is dropped off for the procedure.

I am aware that any surgical or sedation procedure comes with a certain level of risk for my pet. This could include sudden cardiopulmonary arrest (the heart stops beating and the pet stops breathing). Should this unexpected event occur immediate life saving measures should be taken as soon as possible to give the pet the best chance at resuscitation (pet begins breathing and heart starts beating again). Attempts at resuscitation include CPR (cardiopulmonary resuscitation; chest compressions and breathing for your pet), reversal of pre-medication drugs, and medications and fluids to stimulate the heart. Resuscitation is successful in approximately 25-50% of peri-anesthetic arrests, which is much higher than the 6-8% for non-anesthetic related arrests. However, there is no guarantee that resuscitation will be successful even with immediate care. Because of this, it is best that we know your wishes prior to the procedure should this unexpected event happen and we cannot reach you immediately. Please initial below which tier best matches your wishes for your pet.

\_\_\_\_ "Do not resuscitate"-In the case of sudden cardiopulmonary arrest of my pet, I do not wish for any interventions to be taken to resuscitate. I understand that without intervention my pet will likely die. My pet will have a "DNR" or "Do not resuscitate" placed in their chart.

\_\_\_\_ "Basic life support"- In the case of sudden cardiopulmonary arrest of my pet, I wish for basic life support to be initiated. This includes CPR (chest compressions and breathing for my pet), reversal of all peri-anesthetic medications, and medications to stimulate the heart. I do NOT wish for advanced life support measures to be taken; including prolonged CPR (CPR longer than 5 minutes) or open heart chest compressions. I am aware basic life support may come with an additional cost of \$120-\$200

\_\_\_\_ "Advanced life support"-In the case of sudden cardiopulmonary arrest of my pet, I wish for every available measure be taken to attempt to resuscitate my pet until I can be contacted. I understand this can include all previously mentioned interventions for basic life support as well as prolonged CPR and/or open heart chest compressions. I am aware this can cost an additional \$500-\$1500.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to either pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or transfer my pet to a local emergency clinic where overnight veterinary supervision is available at my expense.

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

Alternate: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Phone number(s) for today**

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Signature of Owner or Authorized Agent

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Date