



SEDATION CONSENT FORM

Patient Name: _____ Patient Breed: _____

Sex: _____ Age: _____ Color: _____

Procedure Requested: _____

Authorization:

I have read and fully understand this surgery consent form.

I authorize anesthesia and surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and surgery, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure is initiated. Additionally, I authorize River Run Animal Hospital to perform any diagnostic or medical treatment as deemed necessary for any unforeseen medical or surgical complications if one should arise. While River Run Animal Hospital provides the highest quality of anesthetic monitoring, dentistry, and surgical services, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, dentistry, or surgical procedure. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will hold harmless River Run Animal Hospital, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care. I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc.) that are left in the hospital.

CPR / DNR Consent:

You are being presented with this form because your pet is either critically ill or is being hospitalized. If critically ill, this serious condition may cause him/her to stop breathing (respiratory arrest) or may cause the heart to stop beating (cardiopulmonary arrest). If this happens, your pet will die unless immediate resuscitation attempts are started. It is best for you to consider this possibility and make the decision before the need arises. This will allow you to become fully informed and ask any questions you might have. You must understand that the prognosis is grave if your pet arrests. Please consider your pet's condition when you make this decision. If your pet has a terminal illness, resuscitation is not encouraged. **Keep in mind that with any arrest, it is highly likely that the arrest will reoccur within 4 hours.** Also, please be informed that performing CPR will incur charges above your initial estimate.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me,

I would like my pet to be resuscitated (CPR) and agree to pay for these services

I would not like my pet to be resuscitated (DNR) Owner

Signature: _____

Date: _____

Owner Name (Printed): _____

Phone: _____

RRAH Staff Signature: _____

Date: _____