



Drop off/

Surgery/Sedation Consent Form

Your pet 's safety and comfort are our number one concern here at The Ark Veterinary Clinic. Before your pet has surgery or a sedated procedure on _____, it will be examined for any problems that could interfere with anesthesia/sedation and will be monitored after their procedure to help ensure that your pet has a safe, wonderful recovery.

Owner name: _____ Date: _____

Patient name: _____ Breed: _____ Sex: M / F /
Spayed / Neutered

Last meal (Fasting overnight is required for all anesthetic procedures) _____

Please list any medications given today:

Procedure to be performed:

Would you like any additional services performed while here? Please list _____

Microchip Identification: Prepare for disaster. Very few lost pets find their way home without permanent identification. We can implant a MICROCHIP while your pet is sedated for \$47.00
() YES () NO

Please read the following carefully and initial:

All patients are required to be current on their Rabies vaccine in order for services to be performed. If your pet is not current, please initial here to give your veterinarian consent to do this at your pet's appointment today. _____

All patients who are dropped off must be free of external parasites (fleas,ticks,etc). If observed, patient will be treated at the owner's expense _____

Please pick ONE of the following:

I authorize testing and treatment per the estimate given and place no limit on additional charges/services deemed necessary by the veterinarian _____

Please call me with an estimate before performing services not outlined on the estimate given. If I cannot be reached, I authorize additional treatments deemed necessary by the veterinarian _____

Please call me with a revised estimate before performing any additional procedures not outlined on the estimate given. I understand that if I cannot be reached, my pet will receive no treatments, except in case of emergency, other than those outlined on the original estimate _____

In the event of respiratory or cardiac arrest, I wish for you to perform:

CPR _____ or Do not resuscitate _____

Authorization: I verify that I am the owner (or authorized agent) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedure(s) as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I acknowledge that I have read and understand this authorization consent.

SIGNATURE OF OWNER/RESPONSIBLE AGENT: _____

PLEASE PROVIDE TWO PHONE NUMBERS WHERE YOU MAY BE REACHED:

(Please be sure to be available by phone at any time while your pet is with us)