

# St. Francis Hospital for Animals

CONSENT TO OPERATION, ADMINISTRATION OF ANESTHETICS, RETENTION OR DISPOSAL OF TISSUES, ORGANS, SEVERED MEMBERS AND THE RENDERING OF OTHER MEDICAL SERVICES

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

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

1. I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the following procedure to be performed:

\_\_\_\_\_

2. I hereby authorize and direct St. Francis Hospital for Animals and/or its associates or assistants to provide such additional services for the patient as they deem reasonable and necessary, including but not limited to anesthesia/sedation and the performance of services including pathology and radiology.
3. I understand that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. The risks and nature of the operation have been explained to me and no warranty or guarantee has been made as to the result or cure.

\*In the event of cardiac arrest, the veterinarian and medical team will automatically attempt resuscitative care unless specifically declined by owner.

**If you would like to DECLINE resuscitative care please sign here:**

\_\_\_\_\_

4. I hereby authorize and direct the pathologist to examine, retain for scientific purposes or dispose of all such tissues, organs or members as shall be removed by operation or biopsy performed upon the patient.
5. Preanesthetic lab tests are performed on patients before anesthesia/sedation. These tests are included in the "package" prices for spays and neuters but not for other procedures. For other procedures, an estimate including the cost of the preanesthetic testing will be provided upon request.
6. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

**Phone Number** \_\_\_\_\_

**\*PLEASE USE A NUMBER WHERE YOU CAN EASILY BE REACHED IF WE NEED TO SPEAK TO YOU\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date