



Authorization and Consent for Hospitalization and/or Surgery

Patient: Lucky Dog
Species: Canine
Breed:
Age:
Sex: Unknown

Sales, over the counter
 1851 Acton Hwy
 Granbury, TX 76049
 (817) 573-5003



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 veterinarians or veterinary staff to perform the following tests, procedures, or operations:

EXAMINATIONS & TESTING

- Comprehensive Physical Exam**
- Radiology/Ultrasound**
- Other** _____
- Laboratory Test**

MEDICAL SERVICES

- IV catheter and fluid support**
- Injectable or oral medications**
- Other** _____
- Vaccinations**
- Microchip Permanent Identification**

SURGICAL SERVICES

- Ovariohysterectomy** (spay - female)
- Feline Surgical Declaw** *Please specify:* **Front Feet Only** **All 4 feet**
- Skin Lump or Tumor Removal:** Location _____
- Orthopedic (Bone or Joint) Surgery:** _____
- Dental Cleaning, treatment, and surgery (see Authorization for Dental Procedures form)**
- Other:** _____
- Castration** (neuter - male)

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. These have been explained to me as well. 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 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.

All pets, even those that appear healthy, can respond negatively to medications, vaccinations, anesthetics, or procedures.

Should the need for CPR (cardiopulmonary resuscitation) arise while my pet is under the care of Animal Care Centers, I authorize the following:

Administer CPR. *CPR is the resuscitation of an animal that has stopped breathing or has stopped breathing and whose heart has stopped beating. If authorized, we will attempt to resuscitate your pet using standard medications and procedures as directed by the veterinarian. As soon as possible, we will try to contact you at the numbers below.

Do Not Resuscitate. *This is a decision that CPR is not to be performed in the event that the pet stops breathing or has no heartbeat. If you chose DNR and your pet stops breathing or his/her heart stops beating then we will not attempt to revive your pet and your pet will die. If necessary, medication may be administered to reduce pain or suffering*

While I accept that all procedures will be performed to the best of the abilities of the staff and doctors of Animal Care Centers, I understand that **no guarantee or warranty has been made** regarding the results that may be achieved.

I understand that neither of the Animal Care Centers locations are staffed 24 hours a day and that some or all of the after hours period will be unsupervised. I understand that, should I desire 24-hour care and monitoring, I should transport my pet to a nearby 24 hour care facility (Ft. Worth or Arlington).

I have read and understand this authorization and consent. I have signed a written estimate, and I agree to pay in full the charges for these procedures when my pet is released from the hospital.

Signature of Owner/Agent

Date
 Animal Care Centers of Texas
 1851 Acton Highway
 Granbury, TX 76049
 (817) 573-5003

Contact Phone Numbers