



Hospitalization and General Anesthesia Consent Form

Client	File No.	Patient	Date of Survey/Hospitalization
--------	----------	---------	--------------------------------

I certify that I am the owner or authorized agent for the owner of the animal described above and that I have the authority to execute this consent.

I hereby give the doctors and staff of Mountain View Animal Hospital consent and authority to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatments that the doctors and hospital support staff deem necessary for the health, safety, and well-being of the above named animal while he/she is under their care and supervision.

I understand that medical procedures and anesthesia will be approached with due medical diligence, but that results are impossible to guarantee. I further understand that due to unknown factors of the disease or the patient's condition, there is risk associated with all medical procedures and with anesthesia. These risks include (but are not limited to) worsening of the disease, temporary or permanent deterioration of physical condition, and loss of life. Medical procedures and/or anesthetic procedures are recommended when they are deemed important to the condition of the patient, and when their benefit outweighs their risk. I have been advised as to the nature of the procedure(s) and the risks involved, and I voluntarily consent to these procedures. I realize that no guarantees are made as to result or cure.

I assume financial responsibility for the above described animal. I understand that in any medical case the total extent of the illness or injury may not be immediately or fully apparent. I understand that based upon the ongoing response to treatment and/or complications that may be encountered; the final charges for treatment may be very different from those initially quoted. Ultimately it is my responsibility to inquire as to charges being incurred. My permission to perform a given procedure will be deemed to also constitute financial authorization for that procedure and I will be held financially responsible for all treatments that I authorize, even if I am not presented with an itemized estimate for that service.

I understand that all outstanding charges are due and payable at the point that my pet is discharged from the hospital, unless prior billing arrangements have been made in writing. I further agree that in the case of non-payment, a finance charge of 1.5% per month (18% per annum) may be applied and that any collection fees, attorney fees, court costs, etc. will be paid by me. Failure to satisfy all charges at the point of discharge may result in immediate collections action.

I understand that Mountain View Animal Hospital is closed at 6pm nightly and my pet cannot be discharged after this time. I understand that if left overnight my pet will be unsupervised. I understand it is solely my responsibility to transport my pet to an emergency animal hospital for overnight care prior to 6pm if I wish my pet to be supervised or if supervision is deemed medically necessary.

Some patients may experience disruption in the function of their breathing or their heart due to anesthesia or because of an underlying disease process (similar to a "heart attack" in a person). If this occurs we may attempt to restore life by the means of standard CPR (ventilation and compressions), and through the use of drugs. Typically when cardiopulmonary arrest occurs we do not have time to try to reach you, and thus we need to know your preferences in advance. Please note that we do charge for performing CPR, and for all additional care and complications. The long-term survival following CPR is considered to be poor, and patients may experience substantial complications including brain damage and organ failure. Patients who were healthy prior to undergoing cardiopulmonary arrest or those who experience this complication during anesthesia are more likely to recover. If you fail to indicate your wishes below we will perform standard CPR including the use of drugs to try to restore life.

I do _____ do not _____ (please initial one) want CPR performed on my pet if cardiopulmonary arrest occurs. I have read and understood this authorization and consent.

Signature _____ Date _____
 My Phone Number(s) Today: _____
 Cell or Other Number(s): _____