



Consent for Surgery

Your Name: _____

Patient Name: _____

Phone Number: _____

Procedure(s) Being Performed: _____

Description of Services

Your cat will be undergoing general anesthesia today for the surgical procedure listed above. During general anesthesia, your cat is completely unaware of his/her surroundings and is not responsive to external stimuli. For your cat's comfort and safety, he/she will receive oxygen and anesthetic gas through a breathing tube and receive fluids and medications through an intravenous (IV) catheter.

Please read the following statements, then sign below.

I have been advised of the nature of the services and procedures included in the Treatment Plan, as well as the risks involved. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed.

I understand that, although uncommon, complications can occur with any surgical procedure, including but not limited to the possibility of infection, bleeding, blood clots, swelling, and bruising. Additional complications for this specific procedure have been discussed with me.

I understand that abiding by the post-operative instructions is crucial for a proper recovery and to help avoid postoperative complications.

In the case of emergency and in the event I cannot be contacted in time, I authorize Whitney Odom, DVM, and/or her agents to perform any additional diagnostic, therapeutic, or surgical procedures necessary to treat my cat and maintain my cat's health and comfort. I expect Dr. Odom and/or her agents to use reasonable precautions to ensure my cat's safety, and I agree to pay in full for all services provided when my cat is discharged.

I have reviewed and approved the Treatment Plan presented to me. I understand that a deposit of 100% of the lower end of the estimate is due when my cat is admitted to the hospital, and that the remainder of the invoice is due in full at discharge.

I understand that during anesthesia, surgery, or recovery, unforeseen conditions may be revealed that necessitate an extension of the procedure, or even procedures different than those set forth in the Treatment Plan. I understand that the estimate may not be a complete representation of my final bill if additional procedures are performed.

I acknowledge that I have read this form, that I understand the risks, alternatives and expected results of the surgical procedure and that I had ample time to ask questions and to consider my decisions.

Signature _____ Date _____