

Cross River Animal Hospital
Surgical / Anesthetic Informed Consent Form

810 Route 35, Cross River, NY. 10518 / (914) 763-8121, Fax: (914) 763-9325 / crossriverah@aol.com

Owners Information

Name: _____
Address: _____
Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____
Emergency: _____ Emergency #: (____) ____ - _____

Pets Information

Name: _____
Species: _____ Sex: _____ Breed: _____ Color: _____

I certify that I am the owner and responsible party for the above described pet, and that having understood the risks involved, including death, have the authority to grant you my consent to receive, prescribe for, treat, induce anesthesia, and/or operate on my pet. I understand the procedure contemplated is:

I have had an opportunity to discuss the risks of anesthesia and the proposed procedure with the attending doctor. I also understand that Cross River Animal Hospital will perform a pre-anesthetic physical exam and requires pre-anesthetic blood work. I further understand that if my pet has recognized or suspected pre-existing conditions that increase anesthetic risk, Cross River Animal Hospital may recommend additional pre-anesthetic assessments including but not limited to a chest x-ray, an EKG, and an ultrasound. Should I decline such recommended assessments I take full responsibility for the increased risk of compromise to my pet's health, including death.

Specifically, I decline _____

I am aware that the staff will be monitoring my pet at all times while under anesthesia in order to minimize anesthetic risk. However, while Cross River Animal Hospital will provide appropriate medical care, and will follow every reasonable precaution, I will not hold the clinic and staff of Cross River Animal Hospital responsible or liable in any manner in connection with the injury, or death of my pet. I thoroughly understand that I assume all risks in this respect as well as responsibility for all charges incurred in the care of my pet while at Cross River Animal Hospital.

I further understand that all charges, including boarding costs, shall be paid upon release of my pet from Cross River Animal Hospital. If your pet has not been picked up within 10 business days of the designated discharge date, and there has been no correspondence pertaining to changing the discharge date, then the pet will be considered abandoned. The pet will become the property of Cross River Animal Hospital and will be handled as the hospital sees fit. It is understood that this does not relieve me of paying all costs for services rendered, use of the facility, and the cost of boarding.

After carefully reading above, I have signed in agreement.

Signed

Print Name
Date ____/____/____