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SURGERY & ANESTHESIA CONSENT FORM

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby consent and authorize the doctors and staff at Cedar Creek Animal Hospital to perform _____ (surgical procedure) upon _____ (name of pet) belonging to _____ (full name of client).

In addition to today's procedure, please include: _____

Would you like your pet Microchipped? YES / NO / ALREADY HAS ONE

Has {AnimalName} eaten since midnight last night? YES / NO
If yes what was consumed _____

Has {AnimalName} had any medication(s) recently? YES / NO
If yes please list medication(s) _____

I am aware that any **emergency procedures will be over and above the authorized estimate** and I agree to assume financial responsibility for all routine and emergency services rendered.

I have been given the opportunity to ask questions regarding this procedure and all questions have been answered to my satisfaction

I was provided an estimate of cost for today's surgical procedure. {EstimateTotalExcGst}

I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Although Cedar Creek Animal Hospital doctor and staff take every reasonable precaution to ensure the safety and well-being of my pet, I also understand that there are no guarantees either expressed or implied that the procedure(s) authorized will be without complications or unexpected events beyond the veterinarian and hospital's control. In the unlikely event that my pet experiences cardiopulmonary arrest, Cedar Creek Animal Hospital will perform cardiopulmonary resuscitation (CPR) unless directed otherwise by me, the owner.

Please perform CPR if needed **OR** Do Not Resuscitate (DNR)

Signature: _____ Date: _____

Full name printed _____

IMMEDIATE Contact Phone Number(s): _____

Staff initials: _____