

HOSPITALIZATION/ PROCEDURE INFORMED CONSENT FORM

Legal Owner Name: _____ Patient Name: _____
Procedure(s): _____

Last Meal Time: _____ Last Drink Time: _____

Other Medications: _____

Best number to reach you at today: _____ Secondary number: _____

PLEASE READ AND INITIAL IN FRONT OF EACH STATEMENT IN THE SPACE PROVIDED

____ I, the undersigned, owner or responsible party of the admitted patient, hereby authorize the Doctors of Edmonton West Animal Hospital & Spay/Neuter Centre (and whomever they may designate as assistants) to administer such treatments as necessary, and to perform surgical procedures and additional procedures as are therapeutically and/or diagnostically necessary as indicated by findings during medical evaluation.

____ I understand that in cases where further, unforeseen work is required and is of non-emergency nature (additional diagnostics, changes to treatment plans, etc), every attempt will be made by the veterinarians/staff to contact the owner by phone to discuss the case. I also understand, if contact cannot be made in a timely manner, no additional work will be performed until informed verbal or written consent can be obtained. Once contacted and if I verbally agreed for recommended procedure, I grant authority for the purpose of remedying conditions that are not known at this particular time but which may become evident while the patient is in hospital.

____ Since general anaesthesia or sedation is required in the above mentioned procedures, I understand and accept that there are always inherent surgical and/or anesthetic complication risks, including death of the patient, and I give my consent to anesthetize/sedate the animal to perform the above mentioned procedure .

If your pet requires sedation or anesthesia, please read and initial following statements:

* *In order to minimize the risks associated with anesthesia/sedation, we recommend preanesthetic bloodwork (\$120) _____ IV fluids/drip (\$60)_____ and/or IV catheter (\$30)_____ for every patient having a surgical procedure requiring sedation/anesthesia.* I have initialled in the blanks provided to authorize the corresponding optional items.

OR

____ I do not authorize any above optional items and accept the inherent associated risks.

If your pet requires overnight hospitalization, please read and initial one of the following statements:

____ I understand and accept that there is no overnight staff on duty after the hospital closes, and that my pet will be attended to the following morning.

OR

____ I prefer to take my pet to a 24-hour emergency/specialty clinic for overnight monitoring.

____ I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment, and that the above procedure has been explained to my satisfaction. I also certify that no guarantee or assurance has been made regarding the results that may be obtained. I acknowledge that any post-surgical or post-anesthetic complications may require additional veterinary care or medications. Further, I assume full financial responsibility for all charges incurred to this patient.

Total estimated fee: _____ plus GST Date _____ Signature: _____
(Legal owner or responsible agent)

DVM/RVT initials: _____