CORNERSTONE ANIMAL HOSPITAL

3200 FM 967
Buda, TX 78610
(512) 295-8100

Surgery & Drop-Off Consent Form

Patient Name: _____ Sex: ____ Color: _____ Date: _____
Procedure: _____

Has your pet had NSAIDs, aspirin, or prednisone within the last 7 days? ☐Yes ☐No
Has your pet had anything to eat in the last 12 hours? ☐Yes ☐No
List any medication your pet is currently taking and the time the last does was give: _____
_____
List any additional questions/concerns you would like to discuss with the doctor: _____
_____

Consent for Treatment/Surgery/Drop-Off:
I certify that I am the owner or am authorized by the owner of the above patient to authorize Cornerstone Animal Hospital (CAH) to perform the outlined procedures and additional diagnostics and/or treatments as deemed medically advisable for my pet. The procedure(s) have been explained to me and I understand that a cure may not be obtained. Additionally, it may be necessary to shave a small area of my pet's hair for diagnostics and procedures including catheterization and monitoring.

I am aware that Texas State Law requires appropriate quarantine and notification to animal control of any animal that bites or scratch that breaks the skin to any person.

Risks of Anesthesia/Surgery:
I acknowledge that any time an animal is anesthetized or sedated that there are risks including death. I understand that, as with all surgical procedures, there are inherent risks including (but not limited to): bleeding/hemorrhage, pain, swelling, infection, dehiscence (wound opening), anesthetic complications, tracheal irritation/cough post procedure, aspiration, aspiration pneumonia, and unexpected death/anesthetic death. I understand that every reasonable effort will be made to ensure the safety of the patient, but I will not hold the veterinarian, clinic staff, or volunteers liable for any complications or death that may occur.

I understand that if I elect to decline pre-anesthetic bloodwork that it may increase the risk of complications due to potential undiagnosed internal illnesses including but not limited to kidney disease, liver disease, and or other abnormalities.

Additional Treatments/Dental Extractions:
During any surgical or medical procedure, it is possible that unforeseen issues may arise that were not previously diagnosed or discussed; this includes but is not limited to potential extractions or additional extractions at the time of dental procedures. In the event that we identify an additional concern requiring immediate attention, we will make every reasonable effort to contact you at the phone number(s) provided prior to taking further action. If we are unable to reach you, how would you like our team to proceed:

☐Postpone additional services until a later time
☐Proceed with treatment the veterinarian deems necessary up to $____
☐Proceed with all treatments/diagnostics the veterinarian deems necessary

CPR/DNR:

☐I wish CPR to be performed by the staff at CAH if my pet were to go into respiratory/cardiac arrest and understand that this will accrue additional charges. I understand that my pet may not respond initially and then suffer another arrest later. I understand that my pet may die despite CPR. I understand that if my pet survives because of CPR, he / she may have brain damage.

☐I DO Not want CPR performed on my pet. I understand that if my pet stops breathing and / or heart stops beating, that my pet will die unless CPR is performed. I elect to have DNR (DO NOT RESCUSITATE) orders placed in my pet's chart OR I elect that the staff IMMEDIATELY stop CPR that may have started while I was informed of the condition of my pet and my options.

Photo Release:

☐ I consent to photo/video usage for educational, teaching, and/or social media purposes

☐ I do NOT consent to photo/video usage for educational, teaching, and/or social media purposes

Financial Policy:

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts

Other Services: Please mark the box of any additional services you would like performed on your pet:

☐ Rabies Vaccine
☐ DH2PP Vaccine
☐ Bordetella Vaccine
☐ Leptospirosis Vaccine
☐ Canine Influenza Vaccine
☐ Heartworm test
☐ FVRCP Vaccine
☐ FeLV Vaccine
☐ Nail Trim (with/without Dremel)
☐ Refill of medication(s): _____
☐ Other: _____
☐ Other: _____

I declare that I have read this treatment authorization and financial policy and have had the opportunity to ask any questions that I may have. I accept full responsibility and fees generated by such services and I realize that they are due and payable at the time the animal is released from the hospital.

Owner/Agent Signature: _____

Any Contact Phone Numbers: _____