SURGERY CONSENT FORM

James Kim DVM, DACVS-SA

Owner's Name: _____

Pet's Name: _____

Hospital: _____

Attending Clinician: _____

Surgical Procedure (if applicable, indicate which limb):

_____

_____

My Phone Number(s) Today: _____

I have been advised as to the nature of the surgery described above and the risks involved. I authorize James Kim DVM DACVS-SA with SurgVet Go to perform this surgery. I also understand that the above hospital/clinic will be using appropriate anesthetics and medications needed to perform this surgical procedure and will be responsible for monitoring my pet.

Signature: _____ Date: _____

If this form is not complete, the surgery will have to be rescheduled

ANESTHETIC RISK

Anesthesia and/or sedation is required for all surgical and some medical procedures. Anesthesia and sedation always carry some risks, and our goal is that every patient is treated with the safest patient treatment plan recommended by your veterinarian's professional team. Please ask questions and express any concerns with your veterinarian regarding your pet's risk factors prior to any procedure.

All patients being treated are required to have an advanced directive in the form of a (CPR) Cardiopulmonary Resuscitation or (DNR) Do Not Resuscitate code. CPR is the resuscitation of an animal that has stopped breathing or whose heart has stopped. **Please initial ONE option below.**

CPR

I request CPR (Resuscitation) on my pet in the event that my pet suffers from a cardiac or respiratory arrest. I understand that CPR does not guarantee that my pet will have a favorable outcome. Further, I understand that there are fees associated with CPR, that would increase the cost of my pet's care while the hospital is making every effort to contact me. INITIAL: _____

DO NOT RESUSCITATE (DNR)

I DO NOT want CPR performed on my pet. I have elected to have a DNR (Do Not Resuscitate) order placed on my pet's record. I understand that my pet will pass away in the event of cardiac and/or respiratory arrest. INITIAL: _____

PET'S NAME: _____

OWNER/AGENT: _____

SIGNATURE: _____ DATE: _____

I am the owner or responsible agent for the pet listed above and I have the authority to provide this advanced directive. I am over 18 years of age.