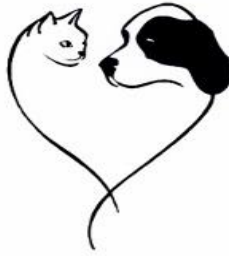


No Food past: 9pm



Neuter/Spay Surgical Consent

Guardian Name: _____ Date: _____

Phone Number: _____ Patient Name: _____

I am the guardian of the above animal and have the authority to execute this consent. I hereby grant Jasper Animal Hospital and Dr. _____ my consent to perform anesthetic surgical procedures necessary for maintenance of my pet's health. I understand the anesthetic procedure and treatment to be performed today is:

_____.

I have been advised as to the nature of the anesthesia, the forgoing surgery, treatment(s), and/or procedure(s) risks involved. I understand that there is always a risk with anesthetic procedures. Jasper Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. Jasper Animal Hospital will not be held liable or responsible, in any manner, as I thoroughly understood that I assume the risks.

I understand that during the performance of the anesthetic surgical procedure(s) or treatment(s) unforeseen conditions may be revealed that necessitate an extension of the surgical procedure(s) other than set forth above. I understand the hospital support personnel will be employed as deemed necessary by the veterinarian. Therefore, I hereby authorize the performance of the anesthetic surgical procedure(s) or treatment(s) as necessary and desirable in the exercise of the veterinarian's professional judgement.

If you would like to receive a text when your pet is going under anesthesia, please leave your cell phone number

_____.

When surgical procedures are performed we recommend an Elizabethan Collar to keep your pet from licking the incision.

Yes, I want an E-Collar

No, I do not want an E-Collar

Would you like us to place a Pet Link Microfinder microchip today?

Yes, I want a microchip

No, I do not want a microchip

If yes, please provide your email address _____

Would you like a complimentary nail trim today? Please select one box: Yes _____ No _____

If additional expenses are incurred, I agree to pay all charges upon release of my pet from Jasper Animal Hospital.

Signature of Guardian

Date

Consent for CPR or DNR:

In the case that your pet were to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide life-saving measures (i.e. cardiopulmonary resuscitation)? Costs of these services are NOT reflected in this estimate. If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the options how to proceed.

PLEASE SELECT ONE OF THE FOLLOWING BY INITIALING BY YOUR SELECTION:

_____ CPR I authorize appropriate life saving measures. I understand that the cost of services may exceed this estimate.

_____ DNR I do not wish for life saving measures to be employed. I am electing "Do Not Resuscitate" status for my pet.