

Pets R Family Animal Hospital: Anesthesia Consent Form for CT scan

Owner Name: _____ Phone number: _____

- Patient Name: _____ Male or Female (Circle one)
- Approximate Age: _____ Spayed/Neutered or no (Circle one)
- Breed: _____ Canine or Feline (Circle one)
- Procedure: CT scan with Sedation
- Main Concern regarding Ct scan for today: _____

- Date of Procedure: _____
- Has your pet been Fasted: Yes or No (Circle one)

Additional services requested today: (Please note some services may not be performed if pet is deemed too ill): _____

I authorize up to the following amount for treatment of my pet today: \$ _____

We will attempt to call with a treatment plan, if unable to reach it we will proceed with treatment plan within designated amount. We will call and wait for a response if the services needed exceed the amount indicated. **Payment is due at the time of service.** We accept Visa, Mastercard, Discover, American Express, Care Credit, Debit, Cash and Check.

I understand that PRFAH cannot be held accountable for the Loss/Damage to any belongings (covers/pillows/beds/leashes/collars) left with my pet.

PetsRFamily is open from 9am-7pm Monday-Friday and 9am-3pm on Saturday. Late pick up (10 minutes after closing) will incur a \$50-\$80 'late pick up' fee due to holding staff over. If owner is no call/no show at 7pm the pet will be left in a kennel w/ food and water overnight where a \$85-\$100 boarding fee will be incurred.

I authorize _____ to pick up my pet on my behalf.

Client Signature _____ **Date** _____

The box below is for STAFF to fill out (Move on to the next page)

Rabies/ Vaccination Record on file? Y ___ OR N ___ **Everything Signed? Y ___ or N ___**

Initial of staff _____

Anesthesia Overview:

This consent form is designed to inform you of the anesthesia process, the potential risks associated with it, and to obtain your authorization to proceed with sedation during the CT scan.

Anesthesia will help your pet remain calm, relaxed, and still during the CT scan. Anesthetic agents may be given orally, intravenously, or through other methods depending on your pets needs and the procedure.

Initials that I have read the section above: _____

Consent for Emergency Treatment:

In the rare event of an emergency during your CT scan procedure, such as a medical complication or an adverse reaction to sedation, immediate medical intervention may be necessary. This may include the administration of emergency treatment, CPR (Cardiopulmonary Resuscitation), or other life-saving measures.

By signing this form, you are providing consent for emergency treatment, including CPR, if required during your CT scan procedure. This consent is granted in the event that the healthcare team deems it necessary to provide immediate care to protect your health and safety.

By signing below, you acknowledge and agree to the following:

You understand that emergency medical treatment, including CPR, may be necessary if complications arise during your CT scan procedure. You consent to the administration of CPR, emergency medications, or other life-saving measures as deemed appropriate by the healthcare team in case of an emergency.

You understand that the healthcare team will make every effort to prevent complications and provide appropriate care, but emergencies may occur that require immediate intervention.

You acknowledge that you have had the opportunity to ask questions about the procedure and the emergency treatment consent, and all your questions have been answered satisfactorily.

I, the undersigned, give consent for emergency treatment and CPR, if necessary, during the CT scan procedure.

Client's Signature: _____ **Date:** _____

Risks and Complications:

By signing this consent form, you acknowledge that you understand the potential risks associated with sedation during the CT scan that were explained, as well as **Death (In extreme and rare cases)**. Although extremely rare, sedation may lead to life-threatening events such as **respiratory failure** or **cardiovascular collapse**, which could result in death. Our team of medical professionals will continuously monitor your **vital signs** throughout the procedure. We will make every effort to ensure your safety and well-being during anesthesia and the CT scan.

And I as the owner understand these risks and the possibility of death and hereby give consent for PRFAH staff to go through with the procedure and hold harmless PetsRFamily, the veterinarians, or any hospital staff member not liable for any complications that may or should arise in my pet's medical treatment and care

By signing this form, you are acknowledging that:

You have been informed about the sedation process, including its risks and potential complications, as well as the monitoring that will be provided throughout the procedure. You understand that while we take all necessary precautions, there are inherent risks with any medical procedure, including sedation. You give consent to undergo sedation for the CT scan and acknowledge that you are voluntarily proceeding with the procedure and you have had the opportunity to ask questions and have received satisfactory answers.

I, the undersigned, consent to receive sedation as required for my CT scan and understand the risks associated with this sedation. I acknowledge that I have had the opportunity to ask questions and that I have received sufficient information to make an informed decision.

Client's Signature: _____ **Date:** _____

Emergency Contact Name: _____

Phone Number: _____
