Graham Animal Hospital

700 Ford Lane Suite D  
Center Point, IA 52213  
(319) 343-0228   
sgrahamanimalhospital@gmail.com

**Consent for Treatment**  
   
I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the owner or the authorized agent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I have the authority to execute this consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My signature below certifies that I am over eighteen years of age.

I am aware that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I have been informed that there are risks associated with the use of any medication.  
  
The nature of these operations or procedures has been explained to me and I understand what will be done. I am aware that the practice of veterinary medicine is not an exact science and, thus, there are no guarantees for successful treatment. I have been encouraged and given the opportunity to discuss any questions I may have regarding my pet's medical care and my questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome.

I have read and understand this authorization and hereby accept and agree to the terms.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number to reach you at today:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Additional Services:** (please initial, if desired.)\_\_\_\_\_\_  Microchip Placement  
  
\_\_\_\_\_\_  Pre-Surgical Blood Work (required 5 years or older)

\_\_\_\_\_\_ Cerenia injection (Anti-Nausea) $\_\_\_\_\_\_\_\_\_\_\_\_  Histopathology (biopsy submission)

**CPR**

In the event that your pet should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of your pet’s status?

By consenting to this service, you are also acknowledging that certain fees will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor’s discretion. Please **initial** your choice below.

\_\_\_\_\_\_\_\_\_\_\_\_\_ I agree to CPR being performed in case of arrest

\_\_\_\_\_\_\_\_\_\_\_\_\_ I elect a “**Do Not** Resuscitate” status in case of arrest

**Dental Consent – For Dental Procedures Only**

It may be found after examination and x-ray that your pet is in need of additional dental work, including but not limited to the extraction of teeth, removal of oral masses and/or flushing of any oral wounds or abscesses. If found, we will attempt to contact you immediately via the phone numbers we have on file. During this time your pet will still be under anesthesia, making this a time sensitive decision. Please be available to take a phone call from the DVM. In the event that we are unable to reach you, please initial below next to the choice in which you would like us to proceed.

Regardless of which item you choose, we will still make attempts to contact you and inform you of our findings.

\_\_\_\_\_ Please remove any (additional) teeth or mass and provide any therapy, treatment or preventative care deemed necessary by the DVM. I understand that I am responsible for any additional charges.

\_\_\_\_\_ I do not wish for any further treatments or procedures to be performed on my pet at this time. I understand that my pet will be removed from anesthesia without any treatments he/she may need. I understand that not choosing the recommended procedure at this time may be harmful to my pet and the procedure may still need to be done at a later time. If I choose to have the treatments performed after my pet has recovered, the treatments will need to be addressed at a later date and additional anesthesia charges will apply.