

PROFESSIONAL AND PERSONAL SERVICE FOR YOU AND YOUR PETS

GARY R. SARGENT, DVM ERIN L. RASMUSSON, DVM WWW.SWVHRENO.COM 960 WEST MOANA LANE, SUITE 102 RENO, NEVADA 89509 (775) 825-SWVH

SOUTHWEST VETERINARY HOSPITAL ANESTHESIA CONSENT

The goal of Southwest Veterinary Hospital (SWVH) is to provide a standard of excellence in patient care in a modern, fully equipped, small animal hospital. A hospital that is comfortable for our patients, attractive to our clients and a pleasant workplace for the doctors and support staff. Thank you so much for choosing SWVH. We understand that you have many options when it comes to the care and treatment of your dogs and cats. We appreciate the opportunity to show you what we do best.

INHERENT RISK: There are inherent risks involved with any type of anesthetic, surgical or invasive procedure including, but not limited to, anesthetic complications, surgical wound infections, surgical procedural failure, and even the untimely or unanticipated death of a patient. The SWVH staff are committed to achieving 100% success in every anesthetic or surgical procedure performed; however, no outcome can be guaranteed 100%.

outcome can be guaranteed 100%.	, , , , , ,	, , ,
		Initials
procedural procedural occur, which may require additional anesth postoperative care, etc. Your doctor will ke pet's procedure. Please understand that implant removal, and professional fees (it customary fees beyond estimated surgical/procedural)	netic time, additional surgical neep you apprised of any chan follow-up radiographs, band f indicated) for future visits	materials, prolonged or intensive ges in the estimated fee for your dage or splint changes, surgical are charged at our regular and
		Initials
ANESTHETIC CODE: All patients are corarely a patient may arrest (causing heat procedure or because of a serious medical closed C.P.R. (cardio-pulmonary resuscitation costs incured. The doctor can explain what	rt beats and/or respirations al condition. SWVH staff ne on) performed on your dog o	to cease) during an anesthetic eds to know whether you want or cat and be responsible for the
Yes, perform C.P.R.	No, do NOT perform C.P.R.	
I do hereby consent to surgery and to necessary for my pet's injury or condi- options of surgery, procedure or treate	tion. I have been inform	ed of the attendant risks and
Signature:	Patient:	Date:
Procedure:	Estimate:	
Contact phone numbers: (H)	(W)	(C)