



Veterinary Specialists of Sydney

Phone: (02) 8376 8767 (VSOS) | Fax: (02) 8376 8766

Email: info@vsos.com.au

www.vsos.com.au

◦ Consent and Authorisation for Surgery ◦

Owner (First/Last Name): _____

Patient Name: _____ Date of Procedure: _____

**Note that this form must be completed prior to surgery; otherwise surgery may have to be re-scheduled.*

I consent and authorise Veterinary Specialists of Sydney to perform upon my pet the procedure(s), operation(s) and/or treatment(s):

I am the owner or agent for the owner of the animal listed above and I have the authority to execute this consent.

I understand that during the performance of the above mentioned procedure(s), operation(s), and/or treatment(s) unforeseen conditions may be revealed that require an extension of those procedure(s), operation(s) and/or treatment(s) or different procedure(s), operation(s) and/or treatment(s) than those described above. Therefore, I consent to and authorize the performance of any procedure(s), operation(s) and/or treatment(s) that may be necessary and desirable in the exercise of the Veterinarians' professional judgment.

I consent to the administration of anesthesia to be applied by or under the direction of the Veterinarians to the use of such anesthetics, as she/he may deem advisable.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I understand that the aftercare will be performed by my primary veterinarian and that in the event emergency treatment is necessary for my pet during this time that I will seek emergency care. I understand that Veterinary Specialists of Sydney does not offer 24 hour care.

I have been informed of the cost estimate, and realize that circumstances may alter that estimate. I understand that payment in full is due to my primary veterinarian (or unless otherwise arranged, Veterinary Specialists of Sydney, at the time I pick-up my pet). I agree to assume financial responsibility for the professional services provided, and agree to pay Veterinary Specialists of Sydney or my primary veterinarian when services are rendered. If for any reason payment is not received at the time services are rendered, I understand that I will incur a late charge of \$50.00 per month from the date forward. I also agree to pay all solicitors fees and costs incurred by Veterinary Specialists of Sydney if they have to institute collection activities due to nonpayment of services.

I have read and understand this authorization and consent.

Print Name
Owner / Agent of Owner (*Circle one*)

Date

Signature

Witness

Date

Phone number for the day of surgery.



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◦ Consent for Cardiopulmonary Resuscitation (CPR) ◦

Owner (First/Last Name): _____

Patient Name: _____ Date of Procedure: _____

Procedure(s), operation(s) and/or treatment(s):

Veterinary Specialists of Sydney often treats complex critical cases, and in these situations, our team has to make serious medical decisions regarding your pet's treatment. At a moment's notice, we may need to know whether or not you wish for us to resuscitate your pet in the event of cardiac or respiratory arrest. This is a serious procedure with many potential complications as well as added financial responsibility. Given this, we ask that you please carefully read the following, check the appropriate box, and sign and date at the bottom of this form. Thank you for considering this important matter.

Should my pet require cardiopulmonary resuscitation, I request that the doctor(s) at Veterinary Specialists of Sydney pursue such medical care as indicated:

- YES, please perform CPR on my pet in the event of cardiac or respiratory arrest.**
- NO, do not resuscitate my pet in the event of cardiac or respiratory arrest.**

By signing this form, I accept that if the hospital staff is unable to reach me within twenty minutes after the initiation of CPR procedure and/or, after exercising reasonable medical judgment, the medical team determines that there is no reasonable hope for medical success, the staff will cease further CPR procedures. I also understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR procedure may restore life but may not allow for my pet to regain normal mental and physical health.

Print Name
Owner/Agent of Owner (Circle one)

Date

Signature

Witness

Date