BENTONVILLE
VETERINARY SPECIALISTS
NORTHWEST ARKANSAS'S REFERRAL SURGICAL CENTER

Bentonville Veterinary Specialists
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SURGICAL & ANESTHETIC AUTHORIZATION AND CONSENT FORM

1. CLIENT & PATIENT IDENTIFICATION

Owner / Agent: _____ **Patient Name:** _____

Primary Phone: _____ **Species & Breed:** _____

Secondary Phone: _____ **Age / DOB:** _____

☐ Male ☐ Neutered ☐ Female

Email Address: _____ **Sex & Status:** ☐ Spayed

Attending Surgeon: _____ **Weight (kg):** _____

2. AUTHORIZED SURGICAL & DIAGNOSTIC PROCEDURES

Primary Procedure(s): _____

Additional Procedures: _____

Surgical Site / Side: ☐ Left ☐ Right ☐ Bilateral ☐ N/A **Anatomic Region:** _____

3. TERMS OF ANESTHETIC & SURGICAL CONSENT

A. Authorization for Anesthesia & Surgery: I authorize the board-certified veterinary surgeons and surgical medical staff at Bentonville Veterinary Specialists (BVS) to perform the procedure(s) specified above. I further authorize the administration of general anesthesia, local analgesia, intraoperative diagnostics, antibiotic therapy, and continuous physiological monitoring deemed medically necessary. I understand that intravenous catheterization, fluid support, and multi-parameter monitoring (ECG, blood pressure, pulse oximetry, capnography) are standard components of patient care.

B. Acknowledgment of Medical & Anesthetic Risks: I understand that while Bentonville Veterinary Specialists maintains state-of-the-art sterile surgical suites, monitoring equipment, and specialized protocols, any surgical procedure and general anesthesia carry inherent risks. Potential complications include, but are not limited to: delayed wound healing, surgical site infection, hemorrhage, unexpected drug reactions, neurological or organ dysfunction, anesthetic complications, and in rare instances, cardiac arrest or death. I acknowledge that no guarantee or assurance has been made regarding the surgical outcome or recovery.

4. EMERGENCY DIRECTIVES & CARDIOPULMONARY RESUSCITATION (CPR)

CARDIOPULMONARY RESUSCITATION (CPR) DIRECTIVE

In the event of a critical cardiac or respiratory arrest during anesthesia, surgery, or recovery, please select your explicit directive:

☐ **AUTHORIZE ADVANCED CPR:** I direct the medical staff to immediately perform emergency cardiopulmonary resuscitation (CPR), including chest compressions, endotracheal intubation, defibrillation, and resuscitation pharmaceuticals. I accept financial responsibility for CPR efforts up to: **$** _____.

☐ **DO NOT RESUSCITATE (DNR):** I direct the medical team **NOT** to initiate CPR or advanced life-prolonging measures should cardiac or respiratory arrest occur.

Intraoperative Emergency Procedures: Should an unforeseen medical condition or complication arise during surgery requiring immediate additional intervention when I cannot be contacted immediately, I direct the surgical team to:

☐ Exercise professional medical judgment and perform necessary life-saving or therapeutic procedures.
☐ Perform *only* immediate stabilizing measures until I can be reached at my emergency contact number.

5. FINANCIAL POLICY & DISCHARGE AUTHORIZATION

I acknowledge receiving and approving a medical estimate for the planned procedure(s). I understand that this estimate is an approximation based on planned care and that actual costs may vary depending on intraoperative findings, extended surgical time, specialized implants, blood products, or prolonged intensive recovery. Full payment of the remaining account balance is required upon patient discharge.

6. CLIENT ACKNOWLEDGMENT & FORMAL AUTHORIZATION

By signing below, I certify that I am the legal owner (or authorized agent for the owner) of the patient named above, am at least 18 years of age, and possess full authority to execute this consent. I have read, fully understand, and agree to all terms outlined in this document.

Signature of Owner / Authorized Agent: _____ **Date:** _____

Printed Owner / Agent Name: _____ **Emergency Phone during Surgery:** _____

Veterinary Witness Signature: _____ **Time:** _____