

Sirius Veterinary Orthopedic Center
10810 Harney St. Omaha, NE 68154
Phone: 402-934-1332 / info@siriusvet.com / www.siriusvet.com

AUTHORIZATION FOR SURGERY OR TREATMENT

Client Name: _____ **Patient Name:** _____

Procedure: _____

Text updates are used to deliver non -urgent updates and can only be provided to a mobile phone number.

Primary phone # _____ **Mobile (Text ok)** **Landline (No text update)**

Alternate phone # _____ **Mobile (Text ok)** **Landline (No text update)**

1. **Consent** : I hereby authorize Sirius Veterinary Orthopedic Center, its Veterinarians, assistants and qualified representatives, to treat my pet _____.
2. **Treatment** : I, consent to all treatment rendered to my pet by Sirius Veterinary Orthopedic Center which they, in their best judgement, deem appropriate and necessary to preserve and enhance the life and well being of my pet. Such consent included, but is not limited to, surgery, anesthetizing, blood tests, x-rays, and other medical treatment commonly recognized in veterinary medicine. I also understand, should my pet have any complication or new symptoms arise six (6) months after the last exam at Sirius Vet, a consultation and/or new diagnostics, such as laboratory tests or radiographs, may need to take place again to rule out any new issues or diagnosis, and that there will be a fee for services.
3. **Waiver of Liability** : I agree to hold Sirius Veterinary Orthopedic Center harmless for any injury or damage to me, my family, or my pet as a result of the rendering of services by the hospital. I understand that there are risks involved in treating animals and I hereby agree to assume all risks arising out of the treatment of my pet by Sirius Veterinary Orthopedic Center.
4. **Abandonment** : I understand that if I fail to pick up my pet within thirty (30) days of receiving notice that my pet is ready to be retrieved, that my pet may be deemed abandoned pursuant to Nebraska Law. If after thirty (30) days and proper notice given, I fail to contact the Sirius Veterinary Orthopedic Center and make arrangements to retrieve the pet, the hospital may dispose of my pet as they deem proper.
5. **Payment** : I understand that regardless of the outcome of any procedures or services rendered by Sirius Veterinary Orthopedic Center, that I am responsible for the fees for all services rendered and costs incurred. Even if I am deemed to have abandoned my pet, I remain responsible for all costs and fees incurred on my behalf and that of my pet. In the event litigation is necessary to enforce the agreement contained herein, the prevailing party shall be entitled to recover attorney fees and other costs of litigation. I understand I may contact the doctor or staff for an update of current charges at anytime. It is my intention to pay the Sirius Veterinary Orthopedic Center for services rendered by one of the following forms of acceptable payment:
 Visa _____ Mastercard _____ Discover _____ Amx _____ CareCredit
 **Personal checks or Third party billing is not accepted at Sirius Veterinary Orthopedic Center*
6. **Estimates** : *It is further understood that any estimate given is only an estimate, and that such fees and costs are subject to change based upon complications encountered at the time of rendering services. Should additional services become necessary to properly care for this patient it is possible that actual fees will be greater than those currently anticipated. I acknowledge that any estimate provided to me is valid for a period of thirty (30) days and that I will need to obtain a new estimate if it has been over the thirty (30) day limit. I also acknowledge that I may be asked to provide a deposit of the low end estimate given prior to services being rendered.*
7. **Representations** : I understand that there are no warranties or guarantees as to any services provided by the Sirius Veterinary Orthopedic Center. Any statements made by the hospital as to the likely outcome of any procedure are solely opinions and not made as warranties or guarantees. As with all medical treatment there are inherent risks, foreseeable and unforeseeable at the time of entering into this agreement, and I specifically agree to assume those risks.

ALL IMPLIED WARRANTIES ARE HEREBY EXCLUDED

I represent that I am the owner of the pet, or an agent authorized to act on behalf of the owner(s) of the pet, that my agreement to the terms herein are binding against all other persons who may claim an interest in this pet. I

I have read the foregoing in its entirety. I have had the opportunity to ask questions and have had all of my questions answered. I understand my obligations and agree to the provisions contained herein. Initial: _____

Client Signature _____ **Date** _____

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Owner Consent for CPR or DNR

Client Name:

Patient Name:

Should an emergency occur while your pet is under the care of SVOC, we must know your wishes for resuscitation so we can take appropriate measures to care for your pet. We place means of resuscitation into three levels; a do not resuscitate order (DNR) means we will not intervene with the natural course of death, in comparison to a Level 2 CPR, in which we will take all means necessary to preserve an animal's life. The Sirius Veterinary Orthopedic Center professionals understand the bond you have with your pet and wish to do our very best to care for your pet in your absence while hospitalized. We know that a decision of this magnitude is very difficult, but for medical reasons, we must have you, as the owner, choose.

I, _____, as owner or agent for owner have reviewed the aforementioned information, and understand the terms of care. I therefore choose the following level of CPR:

- **Do Not Resuscitate (DNR)**
- **Level 1 CPR (Estimate \$250-\$350, does NOT include cost to transfer patient to a 24 hour care facility):**
External chest compressions, endotracheal tube placement, manual ventilation, IV catheter placement, vital sign monitoring, reversal of all anesthetic medications given, administration of drugs to improve heart rate and circulation. Transfer to a 24 hour facility for care once patient is stable.
- **Level 2 CPR (Estimate \$700-\$1500, does NOT include cost to transfer patient to a 24 hour care facility):**
Level 1 CPR plus (Sterile surgical Procedure) Incision into chest cavity, direct compression of the heart. Transfer to a 24 hour facility for care once patient is stable.

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

Witness Signature: _____ **Date:** _____