

Surgery Release Form

OWNER: <contact> <client> PHONE: <phone> CLIENT #: <number>
ADDRESS: <address> CITY: <city> STATE: <st> ZIP: <zip>
PET'S NAME: <animal> SEX: <sex> SPECIES: <species>

IS THE ABOVE INFORMATION CORRECT? _____
TIME/DATE OF YOUR PET'S LAST MEAL? _____

PREANESTHETIC BLOOD TESTING: Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical exam. However, many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. For these reasons, we HIGHLY suggest blood screening BEFORE anesthetic procedures. In addition, your pet will receive an ECG (Electrocardiogram) to screen for certain heart abnormalities. I DO _____ I DO NOT _____ want my pet to receive this package.

IV CATHETER AND INTRA-OPERATIVE FLUID ADMINISTRATION: Extremely beneficial during surgical procedures and always recommended, IV fluids hydrate the body, maintain blood pressure, and provide doctors IMMEDIATE access to a vein in case of an emergency. I DO _____ I DO NOT _____ authorize a catheter with IV fluids.

Pain control is an integral component of all surgical procedures. Our goal is to provide optimum control of any pain due to surgery. Therefore, pain management charges are included in the surgical pricing and are no longer an optional charge.

PLEASE INDICATE IF YOUR PET REQUIRES ADDITIONAL SERVICES.

- _____ THOROUGH EAR CLEAN/FLUSH
- _____ ANAL GLAND EXPRESSION
- _____ NAIL TRIM
- _____ DENTAL CLEANING/POLISHING
- _____ MICROCHIP PLACEMENT (I.D.)
- _____ FECAL/INTESTINAL PARASITE CHECK
- _____ HEARTWORM TEST (OCCULT)

SURGERY RELEASE: I, being responsible for <animal>, have the authority to grant The Animal Care Center my consent to receive, transport, prescribe for, treat, and/or operate upon <animal>.

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are deemed necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics and other medications used by the veterinarian. I understand that hospital support staff will be employed as deemed necessary by the veterinarian. I have been advised of the nature of the procedure(s) and/or operation(s) and of the risks involved. I understand that the results cannot be guaranteed.

Payment is required in full when pet(s) is released/discharged from the hospital.

I have read the above, understand and agree to this authorization and consent form.

SIGNATURE: _____ **DATE:** _____

PHONE NUMBER WHERE YOU MAY BE CONTACTED TODAY: _____