



## SURGERY/TREATMENT/ANESTHETIC RELEASE FORM

Client's Name: \_\_\_\_\_ Date Admitted: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Procedure: \_\_\_\_\_

Phone number where you can be reached TODAY: \_\_\_\_\_

### Pre-Operative Blood Analysis

We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys or blood are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For this reason, we highly recommend bloodwork before anesthesia. **The cost is \$42.00.**

PLEASE INITIAL: \_\_\_\_\_ Yes, I want the bloodwork done. \_\_\_\_\_ No, I don't want the bloodwork done.

**\*\*IF YOUR PET IS OVER 4 YEARS OLD, THE BLOODWORK WILL BE REQUIRED PRIOR TO ANESTHESIA.\*\***

### Intravenous Fluids (IV Fluids)

*ALL ANIMALS GOING UNDER ANESTHESIA RECEIVE AN INTRAVENOUS CATHETER. A SMALL PATCH OF HAIR WILL BE SHAVED ON YOUR PET'S LEG FOR CATHETER PLACEMENT.*

IV fluids given during surgery help to maintain normal blood pressure while anesthetized, allowing all vital organs to receive the blood they require to function properly. Due to the risk of any anesthetic procedure, we highly advise IV fluids for any age animal. **The cost is \$50.00.**

PLEASE INITIAL: \_\_\_\_\_ Yes, I want IV fluids used. \_\_\_\_\_ No, I don't want IV fluids used.

**\*\*IF YOUR PET IS OVER 4 YEARS OLD, THE IV FLUIDS WILL BE REQUIRED DURING ANESTHESIA.\*\***

While your pet is in the clinic, would you like any of the following services performed?

	Yes	No		Yes	No
Microchip (\$51. <sup>50</sup> )	_____	_____	FeLV/FIV Test (\$47. <sup>00</sup> )	_____	_____
Fecal Flotation (\$26. <sup>98</sup> )	_____	_____	Heartworm Test (\$47. <sup>00</sup> )	_____	_____
Nail Trim (No charge)	_____	_____	Heartgard	_____	_____
Express Anal Sacs (\$27. <sup>00</sup> )	_____	_____	Frontline	_____	_____

I hereby consent and authorize Family Pet Hospital and its veterinarians to hospitalize, prescribe for, treat, x-ray, anesthetize or operate on \_\_\_\_\_ of which I am the owner or duly authorized agent for the owner. The doctors are to use all reasonable precautions against injury or escape of the above mentioned animal and to perform all necessary procedures with reasonable care and diligence, all in a professional manner in keeping with the standards of veterinary practice. I agree to the proposed general anesthesia, surgery, and/or treatments. I am to be informed of any **MAJOR** change in the proposed surgery/treatment plan, the above animal's condition or charges. I understand that unforeseen conditions may be revealed that necessitate an extension/change in the above procedures.

All proposed treatments and surgery have been discussed with me, together with an ESTIMATE of the charges. \_\_\_\_\_ (initials) Estimated charges are \$ \_\_\_\_\_.

I authorize the use of appropriate anesthetics and other medications. I also understand that anesthetics and surgery do present a risk to my pet's life and I accept that risk. I have been advised as to the nature of the procedure/operation and the risks involved. I realize that results cannot be guaranteed. I also authorize the clinic staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet. I understand that I assume full financial responsibility for all services rendered. \_\_\_\_\_ (initials)

I certify that I have read the above and execute my consent by signing below.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent if not the Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Non-Owner \_\_\_\_\_

**TRAINED PERSONNEL ARE NOT ON THE PREMISES 24-HOUR A DAY TO ATTEND TO HOSPITALIZED PETS. Initial: \_\_\_\_\_**