



SURGERY RELEASE FORM

Owner Name _____ Pet Name _____

Owner's Home Phone # _____ Cell/Work # _____

1. I certify that I am the owner or appointed agent of the owner of the pet named above. I also certify that I am over the age of 18 and have the authority to execute this consent.

2. I consent to the following procedures:

Procedures to be performed:

3. I understand with an anesthetic or surgical procedure there is an inherent amount of risk involved to my pet. (We strive to reduce as many risk factors as possible to ensure a safe recovery for your pet. This is done in part by giving your pet the utmost care and monitoring during any given procedure.) I also understand there are no guarantees given or implied as to the outcome of the above procedures.

Signature _____

Date _____

Pre-Anesthetic Lab Screen Waiver

If your pet is to have surgery, rest assured that advances in anesthetic protocols and state of the art equipment have made anesthesia relatively safe, with a low incidence of complications. Most problems that do arise are due to pre-existing conditions that are not evident on presurgical physical examination. Simple, inexpensive laboratory tests can detect the majority of these conditions before they can create complications to our patients. To reduce the risk to your pet, we strongly recommend that you authorize a pre-anesthetic lab screen on your pet.

() I would like a pre-anesthetic lab screen (chem 6) on this pet--a panel for pets under 7 years of age. I agree to pay the \$48.60 cost.

Signature _____

() I would like the BEST pre-anesthetic lab screen (chem 12) on this pet--a panel for pets 7 years and older. I agree to pay the \$88.00 cost.

Signature _____

() I do not want a pre-anesthetic lab screen run on this pet.

Signature _____

Please place a microchip in my pet for identification if my pet gets lost. I agree to pay the \$46.91 cost.

Signature _____