

SURGICAL RELEASE FORM

Date: _____ Pet Name(s): _____

RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform _____ upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

ANESTHETICS AND SEDATIVES

If sedatives, IV anesthesia or general anesthesia are used for this procedure, I understand that there is an inherent risk in using these medications due to the fact that any sedative or anesthetic has effects on the cardiovascular and respiratory systems. In addition, *though rare*, adverse reactions can occur which may result in permanent physical deficits or death.

BLOOD WORK Staff check here if blood work already done- _____

Pre-anesthetic blood work is **strongly recommended**. Blood work helps our doctors to determine if the organs necessary for processing anesthesia are in good health and helps us to determine a relative risk for anesthesia. If your pet is **UNDER 7 YEARS**, you may choose whether or not he/she has pre-anesthetic blood work. **If your pet is 7 YEARS OR OLDER, pre-anesthetic blood work is required prior to surgery.**

- _____ I choose the pre-anesthetic blood work and understand there is an additional charge.
- _____ I decline the pre-anesthetic blood work, my pet is under 7 years of age.

IV CATHETERIZATION AND FLUIDS

Placing an IV catheter and administering warm IV fluids during surgery helps to decrease surgical recovery time, keep blood pressure at normal levels and allows immediate access to a vein for life-saving procedures if an emergency arises.

- _____ I want my pet to have an IV catheter and fluids and understand there is an additional fee.
- _____ I decline the IV catheter and fluids.

USE OF SURGICAL LASER WITH SPAYS & NEUTERS

A surgical laser “seals” nerves and vessels as it makes an incision thereby decreasing post operative discomfort and bleeding.

- _____ I elect the use of the surgical laser and understand there is an additional fee.
- _____ I decline the use of the surgical laser.

REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external parasites found on my pet, they will be treated at an additional cost.

ADDITIONAL PROCEDURES IF DESIRED

_____*Nail trim* _____*Ear cleaning* _____*Microchip (\$10 off when under anesthesia)* _____*other (write in)*

MY PET HAS BEEN FASTED: _____ **YES** _____ **NO**

Emergency # _____ **Add'l emergency #** _____

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) _____ . I understand that full payment is due at time of pickup.

_____ **SIGNATURE**

****If you would prefer an email instead of a call at the end of surgery, please leave your email address:**
