

Surgery Release Form

Owners Name: _____

Date ____/____/____

Pet's Name: _____

I authorize the performance of the procedure (s) by means of anesthetic drugs.

We highly recommend the following:

Prep II/ Pre-Anesthetic blood testing: Like you, our greatest concern is the well being of your pet. Some conditions, including disorders of the liver, kidneys, and blood, are not detected unless blood testing is performed. Anesthetic agents are processed through the body by the liver and kidneys. Any disorder regarding these organs can increase your pet's anesthetic risk. For this reason, we highly recommend pre-anesthetic blood testing to place your animal in the lowest possible anesthetic risk category. Results are immediately available, and you will be notified in the event of abnormal results.

_____ YES, I want my pet to have a pre-anesthetic blood test. **(\$60.00) (Required for pets 8 years and older)**

_____ NO, I do not want a pre-anesthetic blood test. **I understand I am going against medical advice by electing not to have Prep II/Pre-Anesthetic blood testing on my pet.**

IV Fluids: IV Catheterization prior to surgery allows the doctor immediate intravenous access to administer emergency medications in case of **cardiac arrest** or apnea (**stopped breathing**).

_____ YES, I want IV Fluids/Catheterization. **(\$50.00)**

_____ NO, I do not want IV Fluids/Catheterization.

Deciduous Teeth (if applicable): These teeth are baby canine teeth that should be removed if they did not come out when the adult canines erupt at about 4-6 months of age. Removing them at the time of spay/neuter procedures is inexpensive and avoids another anesthesia risk at a later date.

_____ YES, I want the deciduous teeth removed. **(\$30.00)**

_____ NO, I do not want the deciduous teeth removed.

PAIN MEDS: Surgery can be painful for a few days, so we routinely recommend post-op medications for all pets.

_____ YES **DOGS < 40 lbs (12.00)** **DOGS > 40lbs (\$15.00)** **CATS - (\$12.00)**

_____ NO

Post-Operative K-Laser Therapy promotes/speeds wound healing with less irritation, swelling and pain.

_____ YES, I want K laser therapy. **(\$20.00)**

_____ NO, I do not want K Laser therapy.

Microchip:

_____ YES, I request to have my pet microchipped. **(\$60.00)**

_____ NO, I do not want my pet microchipped.

Owner's Signature: _____ **Phone:** _____

Non-Owner Agent: I, _____, have authorization to act as an Agent for _____, and have permission to make decisions regarding treatment today.