

San Juan Animal Hospital

Surgery Release Form Review

Client: _____

Patient Name: _____

Emergency Phone # _____

Breed: _____ Color: _____
Species: _____ Sex: _____

I am the owner or agent for the above described pet and have authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s):

Like you, our greatest concern is the well being of your pet. Any anesthetic procedure comes with a certain amount of inherent risk. To minimize this risk we will perform a pre-surgical exam. However, many conditions including disorders of the liver, kidneys, and blood cannot be detected unless blood tests are performed. We believe pre-anesthetic blood work should be performed prior to all anesthetic procedures.

IV CATHETER & FLUIDS: To ensure the safety of your pet during surgery, **San Juan Animal Hospital requires all surgical patients to have an Intravenous Catheter (IVC) placed prior to surgery.** This extra measure allows us to administer life saving drugs in the event of an emergency. Additionally, IV fluids will be administered during your pets surgical procedure to ensure further safety and care for your pet during its surgical procedure. A fee of **\$60.00 will be added to your invoice.** (Please initial) _____

BLOODWORK: We do require blood work in any patient over 7 years of age and reserve the right to require lab work in any patient with any significant medical concerns prior to any anesthesia. If I choose to utilize these safeguards, I realize that it will increase my bill accordingly as seen below. (Please initial) _____

ECG: An electrocardiogram or ECG is an extremely valuable test used to diagnose and manage heart and other systemic disease. The ECG is transmitted via telephone to a veterinary cardiologist ensuring that the anesthetics used will be the most safe, or that the procedure is canceled or delayed until the underlying problem is corrected. (Please initial) _____

DENTAL/EXTRACTIONS: During a dental procedure it is not uncommon for minor extractions to be needed, especially as a pet gets older. If a dental is performed, extractions are only done, if a tooth cannot be salvaged. If any major extractions are necessary, we will contact you at the contact number given at the top of the page. (Please initial) _____

I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. In addition, pain medication will be prescribed by the veterinarian to manage your pet's condition at home.

I have been advised as to the nature of the procedure(s) and the risks involved with anesthesia. I realize that every attempt will be made to ensure the safety of <animal> but results cannot be guaranteed.

1. _____ I give my permission for a pre-anesthetic blood profile. (Required for pets 7 years and older.) **\$84.50**
_____ I decline the pre-anesthetic blood profile.
2. _____ I give my permission for a pre-anesthetic electrocardiogram for **\$56.00.**
_____ I decline the pre-anesthetic electrocardiogram.
3. _____ I would like the Home Again Microchip Insertion. **\$83.50**
_____ I decline the Home Again Microchip Insertion.
4. _____ Puppy or Kitten, I give my permission to remove any retained baby teeth at a charge of **\$45.00.**
_____ I decline to remove any retained baby teeth.
5. _____ Current Medications: _____

I have read and understand this authorization and consent.
