



# Surgery Release Form

Client

Patient

Date

Procedure

## Please read carefully and sign

Your pet is scheduled for anesthesia/surgery. For the safety, comfort, and wellness of your pet Central Pet Care Clinic recommends the following services for your pet. The latest technology has enabled us to run safe and accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own doctor would run when you undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

### Safety Profile #1

Healthy patients under 2 years of age  
Glu - Blood Sugar      Bun - Kidney  
Tprot - Dehydration      Creat - Kidney  
ALT - Liver      ALP - Liver

### Safety Profile #2

Healthy patients over 2 years of age  
In addition to Safety Profile #1  
*Includes: CBC - Infection, Blood clotting status, Anemia*

### Safety Profile #3

Healthy patients over 7 years of age  
In addition to Safety Profile #2  
*Includes: Calcium, Phosphorus, and Triglycerides*

**Check One:**       Profile #1       Profile #2       Profile #3       I have elected to have you proceed with anesthesia without choosing the recommended pre-anesthetic blood work

### Pain Management

We provide your pet with a post operative injection for pain as part of the surgery cost. This will minimize any discomfort due to surgery for the first 24 hours. In addition to this injection you may choose to have additional oral pain medication sent home at an additional charge.

**Check One:**       YES       NO - I have elected to have you proceed with surgery without the additional recommended pain control       Additional pain medication at discretion of DOCTOR

### Laser Surgery

Your pet's procedure may be performed using a surgical laser. This procedure allows us to provide your pet with safe, comfortable treatment. This exciting new option offers your pet less pain post-operatively, speeds recovery time, and reduces the risk of infection. Laser usage maybe mandatory for some procedures.

**Check One:**       YES       NO - I have elected to have you proceed with surgery without the recommended laser protocol.       Laser protocol by discretion of DOCTOR

### AVID Microchip - Permanent Pet Identification

This system involves injecting a small microchip - about the size of a grain of rice - under the skin between the shoulder blades of a dog or cat. Each chip has a unique code that when registered will allow pet shelters and clinics to use a scanner to identify your pet. The price for the Microchip is \$35.00. Registration is FREE when implanted at time of surgery.

**Check One:**       YES       NO

**\*Note - Surgery Suite Setup and Use is \$21.00 and is included in the price of the surgery. Central Pet Care Clinic uses sterile surgical packs for all surgical procedures and electronic monitoring systems to monitor vital signs during surgery. We also abide by all Federal and State regulations regarding medical waste disposal.**

- I am the owner/agent for the above described animal, and am over the age of eighteen. I further acknowledge and accept full financial responsibility for all services rendered.
- I consent to and authorize the performance of general anesthesia  YES  NO (Please initial correct response).
- I understand that during the performance of procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the above procedure(s) or operation(s) or different procedure(s) or operation(s) other than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.
- I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed.
- I understand that it is my responsibility to return for this animal when the treatment is completed. Seven days after being informed of such if the animal has not been discharged it will be considered abandoned and will become the property of Central Pet Care Clinic. Such action does not relieve my obligation for paying all the charges incurred.
- I have read and do understand this consent and hereby voluntarily execute my consent.

Owner/Agent Signature (typing name indicates acceptance)

Date

Emergency Number