

# SURGERY AND GENERAL RELEASE FORM

**Name of Patient:** \_\_\_\_\_

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species \_\_\_\_\_ Sex \_\_\_\_\_

Phone numbers where you can be reached today. **It is very important for the Doctor to be able to reach you regarding any information that may be needed prior to surgery and/or a procedure.**

( ) \_\_\_\_\_ Between the hours of \_\_\_\_\_

( ) \_\_\_\_\_ Between the hours of \_\_\_\_\_

**Reason for today's visit:** \_\_\_\_\_

Has your pet had any **VOMITING** in the past 72 hours? \_\_\_\_\_ NO \_\_\_\_\_ Yes

Has your pet had any **DIARRHEA** in the past 72 hours? \_\_\_\_\_ NO \_\_\_\_\_ Yes

**Please List any medications your pet is currently on:**

Name of Medication: \_\_\_\_\_ Last given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Last given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Last given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Last given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Last given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Last given: \_\_\_\_\_

**Please INITIAL the following:**

\_\_\_\_\_ I have an estimate already so perform the procedures indicated on the estimate. I understand I will be contacted following the procedure.

\_\_\_\_\_ I do understand that I have been given an estimate. As it is only an estimate, the costs can change. If the costs go above the estimated amount by more than \_\_\_\_\_, please contact me at the above number.

\_\_\_\_\_ If your pet is being spayed or neutered, a ½ inch straight line **of permanent green ink** will be applied to the abdomen during surgery. **This is so that your pet can be identified as being spayed or neutered if ever lost. (This does NOT apply to feline neuters)**

\_\_\_\_\_ While under sedation, I would like my pet to have a **complimentary nail trim.** (This is only offered with surgery)

When did your pet last eat? \_\_\_\_\_.

**By signing this form:**

–You authorize Redwood Animal Hospital to treat your pet in accordance with the above checked. –You do not hold Redwood Animal Hospital responsible for lost items. –You understand, due to full schedules and emergencies that **an exact time for the procedure to be performed cannot be guaranteed.** –You assume full financial responsibility for all charges incurred to the animal and payment is due when services are rendered. –You will read the instructions from the doctor upon picking up your pet & follow them to the best of your ability.

\*\*\*CONTINUED ON NEXT PAGE

**Please read carefully regarding anesthesia and monitoring.**

Like you, our greatest concern is the well-being of your pet. We will do everything in our power to ensure the safety of your pet during anesthesia, but cannot guarantee a risk free procedure, or death. Before anesthetizing your pet we will perform a full physical examination. We **strongly recommend** that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney and liver or any other disease that might complicate the procedure. An exam alone cannot detect most of these conditions. These tests are similar to those your own physician would run if you were to undergo anesthesia. We recommend a microchip ID for your pet’s protection if he/she is lost, stolen or injured. If brought to a veterinary hospital they will be able to find you and start emergency procedures if needed.

Pre-anesthetic pain medications and tranquilizers are used prior to the anesthesia. Anesthesia is maintained with Isoflurane gas. During anesthesia we have a dedicated assistant that monitors Oxygen Saturation, Heart Rate and Rhythm with an EKG wave form, CO2 levels, Temperature and Pain levels that highlight any potential problems to us immediately as it occurs. If you have any questions, please ask the surgical assistant to explain any of the procedures and use of medical monitoring equipment.

I hereby authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutics as you determine to be indicated. I understand all anesthesia’s involve risk to my pet, but Redwood Animal Hospital and it's employee's will not be held liable or responsible in any matter whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks.

**Please write ‘YES’ or ‘NO’ for the following:**

\_\_\_\_\_ I would like my pet to have a pre-anesthetic blood panel. The fee is \$205.04 and is run In-Hospita,l same day (IHL070)

\_\_\_\_\_ A urinalysis is also beneficial at this time. The fee is \$58.00 and is run In-Hospital, same day. (IHL130)

\_\_\_\_\_ I would like my pet to have a microchip ID inserted at the time of surgery. The fee is \$73.00 including Registration (PS056)

***I have read the Release Form and agree to the terms set forth above.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Mass Removals:**

Mass removals have other possible complications such as anesthetic complications, intra operative degranulation, post-operative incisional complications such as infection, dehiscence (tissue breakdown) or seroma formation, post-operative tumor recurrence, particularly if the mass is marginally excised, and new tumor formation. There is also a potential for the need for post-operative drain if excessive fluid accumulates at the surgical site.

Please initial once you have read and been explained the above potential complications. \_\_\_\_\_