



Anesthesia / Surgery Release Form

Client Name _____ Pet's Name _____

Medical or Surgical procedure(s) and Anesthetic Protocol to be performed:

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or older, and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery, and that I am encouraged to discuss any concerns that I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet.
- Sufficient details about the procedure to understand what will be performed.
- The length of time involved and length of recovery.
- The most common and serious complications.
- The length and type of follow up care and home care required.
- The estimate of the fees for all services.
- Any necessary payment arrangements.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science, and that no guarantee or warranty has been made regarding the results that may be achieved. Should unexpected life-saving emergency care be required, and the hospital staff is unable to reach me, the staff has my permission to provide such treatment, and I agree to pay for any incurred charges.

In the event my pet is hospitalized beyond the first day at this hospital, I understand that veterinary care during the evening hours and weekends is provided at the discretion of the attending veterinarian. Continuous presence of the personnel may not be provided during these hours. If I desire to have my pet have constant supervision when this facility is closed, I can elect to pick up my pet and provide such care in my home, or transfer my pet to a local 24 hour facility where care can be provided at my expense. I accept all risks of adverse effects of taking my pet home or transferring to another facility.

I have read and understand the nature of the above procedure(s) and give my consent to proceed.

Best phone numbers to reach me:

Signature of Owner or Authorized Agent

Date