

**Veterinary Associates, Inc**  
**Surgical Release Form**

**Date:**

**Owner's Name:**

**CONTACT NUMBER FOR TODAY:**

**Patient Information**

**Name:**

**Birthdate:**

**Species:**

**Sex:**

**Procedure:**

**Dr.**

*Our greatest concern is the well-being of your pet.*

**Pre-anesthetic blood testing**

*Pre-anesthetic blood screens aid in diagnosing disorders of the liver, kidneys, or blood, and will help us to better prepare and treat your pet during his/her surgery and/or hospital stay.*

Yes, I want the blood screen \_\_\_\_\_ No, I decline the blood screen \_\_\_\_\_

**Intravenous fluids**

*Intravenous fluids given during surgery help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop.*

Yes, I want IV fluids used \_\_\_\_\_ No, I decline IV fluid use \_\_\_\_\_

**Pain and comfort medication**

*As your pet recovers from anesthesia, some pain is expected. However, additional pain control may aid in speeding healing and improving your animal's comfort.*

Yes, I want additional pain medication used \_\_\_\_\_ No, I decline additional pain medication \_\_\_\_\_

**While your pet is in the clinic, would you like any of the following procedures performed, if indicated. Please note there are additional costs for each procedure.**

	Yes	No
<b>Dental cleaning</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ear cleaning</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heartworm test</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fecal parasite check</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Microchip</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nail trim</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vaccinations</b>	<input type="checkbox"/>	<input type="checkbox"/>

*I understand the noted anesthetic, and surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.*

*Your signature below indicates your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information you desire, (iii) you have had a chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and administration of anesthesia.*

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**Owner signature**