

# Surgical Release Form

Patient \_\_\_\_\_ Date \_\_\_\_\_

Admitted for \_\_\_\_\_

Your pet is being admitted for a surgical procedure today. Please be assured that our staff will use the safest anesthetic protocol available, tailored specifically to your pet. Your pet is constantly monitored throughout the procedure. However, regardless of an animal's age or apparent health status, all anesthetic procedures have an element of risk.

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## Blood Work

\_\_\_\_\_ **Pre-anesthetic Blood Work:** This helps us determine if there is an underlying illness, not detected during physical examination, which may affect your pet's ability to handle anesthesia. This also allows us to formulate an anesthetic protocol specifically for your pet. (\$115)

\_\_\_\_\_ **DOGS: Heartworm Test:** To check heartworm status. (\$25)

\_\_\_\_\_ **CATS: FeLV/FIV Test:** Feline Leukemia and Feline Immunodeficiency Virus (Feline AIDS) are viruses with no cure. (\$45)

**\*Blood work is mandatory for animals 7 years of age and older or 5 years and older for large breed dogs.**

I understand that the pre-anesthetic blood work is recommended for my pet.

I choose to **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ the blood work listed above.

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## Intravenous Catheterization & Fluid Therapy

An intravenous (IV) catheter with fluids, is placed in the front leg of your pet, to help maintain blood pressure, administer medications and give us immediate intravenous access in case of an anesthetic emergency. If your pet has an underlying condition or is at a high risk of complications, an IV catheter with fluids is required. (\$40)

I understand that the intravenous fluid therapy is recommended for my pet.

I choose to **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ the intravenous fluid therapy.

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## Laser\*

With this option, we use a surgical cutting laser to make all of the incisions during surgery. This tool is used in place of a traditional scalpel blade. The surgical laser will drastically reduce blood loss during surgery and will promote a faster healing time. (\$50)

**\*Laser is not optional for declaws.**

I understand that laser surgery is an option for my pet.

I choose to **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ the use of the laser for my pet's surgery.

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## Other Specified Services

\_\_\_\_\_ Microchip(\$50 w/registration) \_\_\_\_\_ Nail Trim(\$15) \_\_\_\_\_ Ear Cleaning(\$15) \_\_\_\_\_ Anal Gland Expression(\$15)

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**All animals must have proof of current Rabies Vaccination.**

**Any animal found to have fleas or ticks will be treated at the owner's expense.**

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By signing this Surgical Release Form, I acknowledge that I am the legal owner (or an authorized agent of the legal owner) of the Patient listed above and I am hereby giving Danville Veterinary Hospital ("DVH"), its doctor(s) and staff, authority and permission to perform all procedures as listed or provided on the Estimate and as may be subsequently authorized verbally if contacted by the staff through the phone number(s) provided. In addition thereto, I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that at the veterinarian's discretion are appropriate extensions of the foregoing procedure(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment for the immediate health needs of the Patient.

By signing this Surgical Release Form I am accepting that there are risks involved and that results cannot be guaranteed with any anesthetic procedure. There are also potential surgical complications including, but not limited to, bleeding, infection, incontinence, swelling, and suture reaction. I agree not to hold DVH, its doctor(s) and staff liable and do hereby release them in the event of an adverse anesthetic reaction, potential surgical complication(s), or death. I assume full financial responsibility for the above in accordance with the Estimate and as authorized herein. I understand that all professional fees are due at the time of patient release.

Signature \_\_\_\_\_ Today's Phone # \_\_\_\_\_

Please check if you would like to receive text updates about your pet.

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**Thank you for entrusting your pet to us!**

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