

Pedernales Veterinary Center
SURGERY RELEASE FORM

Date:

Owner:

Patient:

Procedure:

I hereby authorize and direct the veterinarians of Pedernales Veterinary Center to perform the procedures, diagnostics and/or treatments deemed advisable for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that these procedures may involve risk of complications, including injury or even death, from both known and unknown causes.

I understand that all surgical patients will receive post-surgical pain relief. Upon dismissal, extended pain relief medications may be sent home at the discretion of the doctor.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services Must Be Paid For When Patient Is Released. Some Procedures Require A Deposit Prior to Surgery.**

Pre-Anesthetic Blood Work: We recommend a pre-anesthetic blood panel on all pets prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important to ensure that these organs are healthy prior to surgery. Additionally, any abnormalities in the blood may impede adequate healing. To better ensure your pet's safety during anesthesia, we advise pre-anesthetic testing be performed, even for elective procedures.

I would like my pet to have blood work as an added method of safety, at an additional cost of \$76.00
(*Please Initial) Accept Decline

Catheter Placement & Fluid Therapy: We recommend intravenous fluid therapy during surgery to help maintain blood pressure, and allow rapid administration of medication should an emergency situation develop. *Note: Some non-elective procedures may include a mandatory IV catheter and fluids*

I would like my pet to have an IV catheter and fluids during surgery, at an additional cost of \$40.00
(*Please Initial) Accept Decline

Laser Therapy: We also recommend a one-time post surgical healing therapy laser treatment that will increase post surgical comfort, and decrease swelling and healing time.

I would like my pet to have a therapy laser treatment at an additional cost of \$14.00
(*Please Initial) Accept Decline

Anesthesia will be performed using the safest regimen of medications. Extended procedures may incur an additional anesthesia charge of \$60-\$100

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction, (iii) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____