



SURGERY/TREATMENT AUTHORIZATION-RELEASE FORM

Owner: _____ Date: _____
Address: _____
_____, _____
Phone(s): Primary _____ Secondary _____

Patient: _____ Date of Birth: _____
Breed: _____ Sex: _____
Color: _____ Main Reason For Admittance: _____

I hereby authorize and direct the veterinarians of Grants Lick Veterinary Hospital to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. I understand some risks always exist with anesthesia and/or surgery and I am encouraged to discuss any concerns I have about those risks with the doctor's representative before the procedure(s) is/are initiated. While I accept that all procedures will be performed to the best of the ability of the staff at this facility, I understand veterinary medicine is not an exact science and no guarantees have been made regarding the outcomes of this/these procedure(s).

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian and that continuous presence of personnel may not be provided during these hours. In the event that my pet needs to be hospitalized overnight, I elect to: (Please initial one of the following.)

- ☐ Have my pet remain in the hospital.
☐ Transfer my pet to a local emergency hospital at my expense. I will be responsible for the transfer.
☐ Pick up my pet in which case I accept all possible risks of adverse effects.

We do recommend **pre-anesthetic blood tests** be performed prior to the administration of anesthesia. These tests can help us detect dehydration, diabetes, kidney disease and liver disease. All of these conditions can contribute to complications in anesthesia and surgery, I understand these blood tests are an added method of safety. (Please initial one of the following.)

- ☐ I request pre-anesthetic blood tests be performed, there is an additional fee for this.
☐ I decline the pre-anesthetic blood tests

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____