

GRANTS LICK

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Butler, KY 41006

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PENDLETON COUNTY

204 Park Street

Falmouth, KY 41040

859-654-1031

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SURGERY/TREATMENT AUTHORIZATION-RELEASE FORM

Owner: _____ Date _____

Address _____ Phone(s)#: _____

Patient: _____ Patient Date of Birth _____

Breed: _____ Sex: _____

Color: _____ Main Reason for Admittance _____

I hereby authorize and direct the veterinarians of Grants Lick and Pendleton County Veterinary Hospitals 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 the 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
- _____ Pick up my pet in which case I accept all possible risks of adverse effects.

On all pets 7 years and older, we do recommend **pre-anesthetic blood test** be performed prior to the administration of anesthesia. These test can help us to detect dehydration, diabetes, kidney disease and liver disease. All of these conditions can contribute to complications in anesthesia and surgery, I understand that these blood test are an added method of safety. Pets of any age may receive pre-anesthetic blood test if desired. (Please initial one of the following.)

_____ I request pre-anesthetic blood test be performed, there is an additional fee for this.

_____ I decline the pre-anesthetic blood test.

Owners Signature: _____ Date: _____

Phone number(s) where you can be reached: _____