

SURGERY AND GENERAL RELEASE FORM

Owner's Name _____ Date _____

Pet's Name _____ Species _____ Sex _____

Phone numbers where you can be reached today. **It is very important for the Doctor to be able to reach you regarding any questions she may have prior to surgery and/or a procedure.**

() _____ Between the hours of _____

() _____ Between the hours of _____

Reason for today's visit: _____

Please INITIAL the following:

_____ I have an estimate already so perform the procedures indicated on the estimate. I understand I will be contacted following the procedure.

_____ I do understand that I have been given an estimate. As it is only an estimate, the costs can change. If the costs go above the estimated amount by more than _____, please contact me at the above number.

_____ If your pet is being spayed or neutered, a ½ inch straight line **of permanent green ink** will be applied to the abdomen during surgery.

This is so that your pet can be identified as being spayed or neutered if ever lost.

_____ While under sedation, I would like my pet to have a **complimentary nail trim.** (This is only offered with surgery)

When did your pet last eat? _____.

By signing this form:

–You authorize Redwood to treat your pet in accordance with the above checked. –You do not hold Redwood responsible for lost items. –You understand, due to full schedules and emergencies that **an exact time for the procedure to be performed cannot be guaranteed.** –You assume full financial responsibility for all charges incurred to the animal and payment is due when services are rendered. –You will read the instructions from the doctor upon picking up your pet & follow them to the best of your ability.

Please read carefully regarding anesthesia and monitoring.

Like you, our greatest concern is the well being of your pet. Before anesthetizing your pet we will perform a full physical examination. We **strongly recommend** that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, kidney and liver or any other disease that might complicate the procedure. An exam alone cannot detect most of these conditions. These tests are similar to those your own physician would run if you were to undergo anesthesia. We recommend a microchip ID for your pet's protection if he/she is lost, stolen or injured. If brought to a veterinary hospital they will be able to find you and start emergency procedures that are necessary.

I hereby authorize the use of such anesthetics as you deem advisable and the performance of such surgical or therapeutics as you determine to be indicated. I understand all anesthesia involve risk to my pet, but you will not be held liable or responsible in any matter whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks.

Anesthesia is maintained with Isoflurane gas. We also monitor oxygen levels and cardiac functions with digital monitors that highlight any potential problems to us immediately as it occurs. If you have any questions, please feel free to ask the receptionist to explain any of the following procedures. **Please write 'YES' or 'NO' for the following:**

_____ I would like my pet to have a pre-anesthetic blood panel. The fee is \$114.00 (IHL070)

_____ A urinalysis is also beneficial at this time. The fee is \$41.00 and is run In-Hospital same day. (IHL130)

_____ I would like my pet to have a microchip ID inserted at the time of surgery. The fee is \$65.00 including Registration (PS056)

I have read the Release Form and agree to the terms set forth above.

Signature

Date