

Surgery Release

Owner's name: _____ Pet's name: _____

Today's Phone Number:

As the owner/agent of the above animal, I hereby give my consent to Animal Medical Center of Monroe to perform the following procedure(s):

- **I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. The natures of the procedure and risks involved have been explained to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet.**
- **All pets must be current on all Animal Medical Center required Vaccinations and Fecal.**
- **All dogs over one year must be taking heartworm preventative medication and also been tested within the last year.**

Owner's Signature

Date: _____

I would like my pet MICROCHIPPED while under anesthesia (\$52.50).

Yes

NO

BLOODWORK:

Before administering anesthesia, the doctor will perform a full courtesy physical examination. **Our hospital staff offers to perform pre-anesthetic blood work to maximize patient safety and allow the**

doctor to evaluate the status of your pet's major organs, immune system, blood clotting ability, and detect diseases that might complicate the procedure or surgery that is to be performed. It is possible for your pet to suffer from many diseases, which may not be detected without pre-anesthetic blood work. They also establish a baseline of values, which are useful for diagnostics and treatment should your pet become ill in the future. Also since it is difficult to assess pain in animals, your pet will receive a narcotic pain medication during surgery.

If Your Pet is 5 Years and Under: (STRONGLY RECOMMENDED) Junior Pre-Anesthetic Profile

YES, I Authorize blood work to be done on my pet _____ (initial). \$ **80.00 additional**

NO, I have elected to refuse the blood-work for my pet at this time and request that you go ahead with the anesthesia. I understand that a medical condition may exist that could be impossible to detect during a physical exam alone. I also understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. _____ (initial).

If Your Pet is 5 Years of age or older (required): Senior Health Profile \$159.50 additional Owners Signature: Date:

Catheters & Fluids \$ 56.50 additional

YES, I authorize the use of IV Catheter and Fluid therapy during surgery. _____ (initial).

NO, I decline the IV Catheter and Fluids. _____ (initial).

Please choose one of the following boarding options:

Yes walk my pet outside: _____ (initial). I understand that there are inherent risks of escape from a leash and will not hold Animal Medical Center of Monroe responsible for such escape or injury. All animals walked on a leash are thoroughly supervised; however this is no enclosed area so there are inherent risks of escape

DO NOT walk my pet outside: _____ (initial). **I understand that my pet will not be walked outside during his/her stay at Animal Medical Center of Monroe.**

Hospital Policies

- All animals must be current on all vaccines.
- All dogs over one year old must have a current heartworm test.
- There will be an extra charge for animals, which are in heat, pregnant, or have retained testicles.
- **All animals will be checked for fleas and treated if needed. Additional charges will apply.**

I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedures or operations and the risks involved which can include but not limited to permanent neuralgic dysfunction and death. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

Owner's Signature _____

Date: _____