

SURGERY/TREATMENT AUTHORIZATION-RELEASE FORM

Grants Lick and Pendleton County Veterinary Hospital

Client Name:

Patient Name:

Date:

Surgery/Treatment:

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 attending veterinarian or 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).

We recommend blood tests be performed prior to the administration of anesthesia. These tests can help us detect dehydration, diabetes, kidney disease and liver disease. Any 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 option from below)

I REQUEST blood tests be performed, there is an additional fee of \$79 for this.

I DECLINE the blood tests.

We recommend having an intravenous catheter placed, fluid administration and surgical monitor during your pets procedure. These additional procedures can help to detect changes in the heart, blood pressure or temperature during anesthesia and surgery. (Please initial ONE option from below)

I REQUEST surgical monitoring and fluids be performed, there is an additional fee of \$50 for this.

I DECLINE the additional monitoring and fluids.

We recommend that all pets have permanent identification in the form of a microchip. Placement of a microchip can be performed at any time, but is encouraged while your pet is under sedation/anesthesia. Please initial one of the following with respect to a microchip. (Please initial ONE option from below)

My pet is already microchipped, you may scan and collect the number for his/her records.

I REQUEST my pet be microchipped, there is an additional fee of \$47 for this.

I DECLINE microchipping at this time.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____