

SURGICAL PROCEDURE RELEASE FORM



Procedure(s): _____

I hereby authorize St. Paul Pet Hospital to perform the above procedure on my pet(s). I understand that in the event additional procedures are deemed necessary, an attempt will be made to reach me before proceeding, but I understand that the veterinarians are authorized to perform any necessary procedures if they are unable to reach me. I understand that all reasonable care and precautions will be taken in the performance of the procedures. I understand the procedure(s) to be performed, and that with all medical procedures there are some risks involved and I absolve St. Paul Pet Hospital of all liability arising from the performance of procedures requested.

To make anesthesia as safe as possible, I understand that St. Paul Pet Hospital will perform/recommend the following for my pet:

- Pre-anesthetic bloodwork – allows the doctors to select the safest anesthetics for your pet based on their liver and kidney function. The appropriate lab tests will be recommended based on the age of your pet.
- IV Catheter – An IV catheter will be placed prior to surgery, allowing us to administer medications with ease, as well as give fluids. This also allows us to immediately give medications in the event of an emergency.
- IV Fluids – giving fluids during surgery allows us to better control blood pressure and body temperature as well as maintain proper hydration.
- Pain Relief Medications (If deemed necessary) – we want to minimize any discomfort our patients feel after a procedure. These at-home medications will also prevent any immediate post-surgical discomfort, swelling and inflammation.
- Vaccines (if necessary) – If your pet is not up-to-date on core vaccines before coming in for an elective procedure, they will be given after the surgical procedure is completed.
- Nail Trim – each pet will receive a nail trim (if needed) as a complimentary gesture.
- Deciduous Teeth Removal – if upon exam the veterinarian performing the procedure notices there are retained deciduous teeth at time of surgery, he/she may indicate the removal of those teeth.

I understand there is no guarantee of successful treatment. I certify that I understand this release and furthermore assume FULL financial responsibility of all charges accrued. I also certify that a treatment plan was issued to me prior to the procedure and understand that the treatment plan is only a best approximation, and the final bill may be less or greater than the estimated amount shown.

Signature of Owner or Authorized Agent

Date

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PRE-SURGICAL QUESTIONS

Was your pet fasted for 12 hours? ☐ Yes ☐ No

Is your pet on any medication currently? ☐ Yes ☐ No

If yes, what medication (s): _____

If yes, did they receive it this morning? ☐ Yes ☐ No

For Dental Procedures

Do we have permission to perform Dental Extractions? ☐ Yes ☐ No ☐ Call First

(I understand if I can NOT be reached, the Doctor will wait 15 minutes before proceeding with their best judgment.)

Please indicate whether you would like to do any of the additional procedures: (additional costs may apply)

Microchipping (Home Again) (\$62)

☐ Accept ☐ Decline ☐ N/A

Anal Gland Expression (\$33)

☐ Accept ☐ Decline ☐ N/A

Cold Laser Therapy (\$15)

☐ Accept ☐ Decline ☐ N/A

Pre-surgical Bloodwork

☐ Accept ☐ Decline ☐ Already done ☐ N/A