Surgery Release Form

My pet, ______, will be undergoing general anesthesia and a surgical procedure today. I understand that some risks always exist with anesthesia and surgery and that to ensure my pet's safety and comfort, 5 Points Animal Hospital will perform the following:

- Pre- anesthetic blood work to evaluate internal organ functions
- Electronic monitoring during anesthesia and recovery. PLEASE BE AWARE THAT SOME HAIR MUST BE SHAVED OFF OF THE SKIN IN ORDER TO APPLY THE ADHESIVE PADS THAT MONITOR YOUR PET'S EKG DURING THE PROCEDURE. THERE MAY ALSO BE SOME SKIN IRRITATION OR A RASH IN THE AREAS THAT THESE PADS WERE APPLIED TO THE SKIN.
- Intravenous catheter and fluids to maintain blood pressure, support organ functions, and administer anesthetics and pain medications
- > Pain management during hospitalization and home recovery.

What procedure are we performing on your pet today?

What time did your pet last have anything to eat?

Has your pet had any recent illnesses, injuries, or significant health problems? If so, please describe.

Has your pet ever had an adverse reactions to anesthesia or medications? If so, please describe.

Please list any medications your pet receives, and the time they were last given

| Name of Medication | Strength | Dosage | Frequency | Date & Time Last Given | |
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| Microchip - Would you like us to implant a microchip today at a cost of \$56.66? | | | | | | |
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| 🗌 Yes, I would like to have one implanted if my pet does not already have one 🛛 No, I do not want a microchip implanted | | | | | | |
| Fluoride is a mineral that helps to strengthen developing teeth and prevent tooth decay. The most beneficial time for fluoride to be | | | | | | |
| applied to the teeth is when the adult teeth have just come in at around 5-6 months of age for puppies and kittens. We offer a fluoride | | | | | | |
| treatment while your patient is under anesthesia for a charge of \$16.00. | | | | | | |
| I accept the fluoride treatment for my pet | | | | | | |
| Deciduous teeth are baby teeth that dogs and cats normally shed between 12-30 weeks of age. Occasionally, these baby teeth are not | | | | | | |
| shed and need to be removed so that they do not interfere with the normal development of adult teeth. Does your pet have any baby | | | | | | |
| teeth that may need to be evaluated for removal? | | | | | | |
| Yes, please evaluate my pet for remaining baby teeth. No, I do not want my pet evaluated for remaining baby teeth. | | | | | | |
| Are there additional concerns about your pet that you would like addressed today? | | | | | | |
| Yes, I have additional concerns about my pet that I would like addressed today. The concerns include: | | | | | | |
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| No, I do not have any additional concerns about my pet to be addressed today. | | | | | | |
| Are there additional procedures you would like your pet to receive while under anesthesia? | | | | | | |
| Yes, there are additional procedures that I would like performed while my pet is under anesthesia. These include: | | | | | | |
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| No, there are no additional procedures that I would like performed while my pet is under anesthesia. | | | | | | |

I, the undersigned owner or owner's agent of the pet identified above, authorize the veterinarians at 5 Points Animal Hospital to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery, that veterinary medicine is not an exact science, and that no guarantees have been made regarding the outcome of this/these procedures. Should some unexpected life-saving emergency care be required, and the attending veterinarian is unable to reach me, the staff at this practice have my permission to provide such treatment, and I agree to pay for such care. All questions and concerns I have about the procedure(s) my pet is having today have been answered to my satisfaction, I have been given an estimate of costs for the procedure(s), and I am aware that payment is due on the day that services are rendered.

| Signature | Date | Phone Number |
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