



Feline Surgery Release

Date: _____

OWNER'S NAME: _____ PHONE: _____

PET'S NAME: _____ OPERATION/PROCEDURE: _____

VACCINES AUTHORIZED:

FVRCP: _____ FELV Vaccine: _____ FELV/FIV TEST: _____ RABIES: _____ Required by WA State Law

DEWORMING: _____ AVID MICROCHIP: _____

OPERATIVE COMPLICATIONS: This authorization is given with full understanding that any operation or procedure involves some risks and hazards. The more common include, but are not limited to: infection, allergic reactions, nerve injury, bleeding, blood clots, and pneumonia. These risks, while rare, can be serious and possibly fatal.

ANESTHESIA: I further understand that there are always risks associated with anesthesia. Pets may respond differently to medication and anesthetic agents. Because of this and the stresses of the surgery or procedure, unexpected, allergic, and unpredictable reactions may occur under anesthesia and result in artificial ventilation, coma, or death. I consent to the use of such anesthetic agents as may be considered necessary.

Owner Release

For the enhanced protection of our patients, we recommend presurgical screening of all pets prior to administration of anesthetics. Please initial your desires below:

I Do Do Not authorize the recommended **Presurgical Blood Screen (\$67.36)**

This allows us to prescreen for underlying diseases that could affect anesthesia.

I Do Do Not authorize my pet to have **IV Fluids. (\$62.04)**

This allows us immediate access to a vein during the procedure and maintains blood pressure.

I understand that anesthesia and surgery always involves some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the above listed phone number, you are directed to make the decision you deem best for my pet. **I have read the foregoing, understand what it says, and agree.**

Signature _____ Date _____