Surgery & Anesthesia Release Form

Client Name _____ Client Number _____ Pet Name_____

Anesthetic and surgical procedure to be performed:

_____
_____

I, the undersigned owner or owner's agent, of the pet identified above, certifies that I am over 18 years of age and hereby authorize the doctor(s) at Gadd's Animal Doctors of Gray to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists with anesthesia and / or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is / are initiated. While I accept that all procedures will be done to the best of the abilities of the staff at Gadd's Animal Doctors of Gray, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of _____% of the estimated fees and assume financial responsibility for the balance of the services on a cash, credit card or check basis at the time my pet is discharged from the hospital.

Pre-operative Laboratory Testing

For the protection of our patients we recommend a pre-operative blood screen at a cost of $_____. This allows us to make sure that your pet's liver and kidneys are working adequately to cope with anesthesia and to ensure they are not dehydrated or diabetic at the time of surgery.

Pets below 7 years – testing is recommended.   Pets above 7 years – testing is mandatory.

I **agree** to the above pre-operative blood work. Initials _____ Date _____

I **decline** the above pre-operative blood work and assume the increased risk this puts my pet under.

<div align="right">Initials _____ Date _____</div>

Pain medication for your pet

We offer optional pain medication for your pet's comfort after surgery. This speeds healing time and makes your pet more comfortable.

Estimated cost: Feline: $ 38 Canine: < 30lbs $40 31lbs-60lbs $45 61lbs-90lbs $49   >90lbs $53

I **agree** to pain medication for my pet.   Initials _____ Date _____

I **decline** pain medication for my pet.   Initials _____ Date _____

HomeAgain Microchip-

Microchipping saves lives. The new HomeAgain is designed to further increase the chance of reuniting you with your lost pet.

I **agree** to microchip my pet.   Initials _____ Date _____

I **decline** to microchip my pet.   Initials _____ Date _____

Owner Release

You are to use all reasonable precaution against injury, escape or death of my pet. I understand that all anesthesia and surgery involves some risk to my pet, and you will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

Owner / Agent _____   Date _____

Phone number where you can be reached **while your pet is sedated** _____