



**Medical/Surgical Release**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: M/F/NM/SF

It is essential that you leave contact numbers where you or an authorized individual can be reached **at all times**.

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

**Procedure:** \_\_\_\_\_

\_\_\_\_ I acknowledge and understand that risks and complications always exist with animals undergoing anesthesia and/or surgery and that I have been encouraged to ask questions and discuss any concerns I have regarding such risks and complications with the attending veterinarian - before signing this document and before any treatment and/or surgical procedure is initiated.

\_\_\_\_ I acknowledge that the veterinarian is not able to provide me with a guaranteed outcome for the veterinary medical treatments to be performed on my pet. I acknowledge that the veterinarian has provided me with information about the many factors that play a role in determining the outcome of veterinary care and treatment. These associated factors include, but are not limited to, my pet's age, breed, genetics, ability to heal, stage of the illness/disease, and my ability to follow pre-surgical instructions and provide the recommended at-home care for my pet. I expressly agree to release MVH its agents and its representatives, from liability for any/all damages to my pet and to hold MVH, its agents and its representatives

harmless from any and all liability (except in the case of gross negligence) associated with the above-mentioned medical/surgical procedures being performed on my pet.

Your pet is scheduled for a procedure that requires anesthesia. Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical exam to identify any outward existing medical conditions that could complicate the procedure and compromise the health of your pet. It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, **greatly reduce the risk of complications as well as identify conditions and/or bleeding disorders**, that could require medical treatment in the future.

The bloodwork profile that we recommend for your pet is:

---

\_\_\_\_\_ **Please complete the recommended testing** prior to administering anesthesia to my pet.

\_\_\_\_\_ **I decline the recommended pre-anesthetic tests at this time** and request that you proceed with anesthesia. **I understand that my pet's health could be at risk if such a condition/bleeding disorder goes undetected when my pet is placed under anesthesia and/or during surgical procedures.**

It is recommended that an IV catheter and fluids are recommended during anesthesia. **IV fluids maintain your pet's blood pressure, help the kidneys and liver process anesthetic agents more efficiently, and an IV catheter provides immediate vascular access with life saving drugs should an emergency arise.**

\_\_\_\_\_ I accept

\_\_\_\_\_ I decline at this time

\_\_\_\_\_ **I understand that due to my pet's age (5+ YEARS) he/she is required to have an IV/Catheter and fluids for any surgical or medical treatment performed, as well as geriatric pre-anesthetic bloodwork.**

\_\_\_\_\_ **I understand that due to my pet's age (7 + YEARS) a pre-surgical electrocardiogram is necessary. A fee of \_\_\_\_\_ is associated with this procedure.**

If your pet has retained deciduous teeth that have not fallen out as their permanent teeth have appeared, we can remove them while your pet is under anesthesia for a fee of \_\_\_\_\_. Would you like to have this service performed while your pet is under anesthesia?

\_\_\_\_\_ I accept

\_\_\_\_\_ I decline at this time

In an effort to be able to reunite pets with their owners, Meadowlands Veterinary Hospital offers the insertion of the HomeAgain microchip at the fee of \_\_\_\_\_. Would you like to have this service performed while your pet is under anesthesia?

\_\_\_\_\_ I accept

\_\_\_\_\_ I decline at this time

**For dental procedures:** May we have your permission to extract teeth?

\_\_\_\_\_ I accept

\_\_\_\_\_ I decline at this time

In the event your pet may require additional procedures **all efforts will be made to contact you prior to treatment.** **In order to decrease general anesthesia time do we have permission to perform what is medically necessary under our own medical judgement?**

\_\_\_\_\_ I accept

\_\_\_\_\_ I decline at this time.

**Authorization to Treat:**

I am the owner or authorized agent of the owner presented for care, and am 18 years of age or older.

A deposit is required for all hospitalization and/or surgical procedures at the time of drop off. It is also understood that all services must be paid in full at the time of pick up. If I do not pay this account as agreed the past due accounts are subject to cost of collections, including attorney's fees.

**I fully understand the terms of this agreement and authorize the hospital staff to perform the above indicated services on my pet.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_