

ANESTHESIA / SURGERY RELEASE FORM

ANESTHESIA / SURGICAL CONSENT FORM

Owner's Name: _____ Pet Name: _____

Breed: _____ Age: _____ Sex: _____ Color: _____

VACCINATION REQUIREMENTS

Current vaccination status is **required** for any animal that undergoes anesthesia or surgery or is hospitalized at River Ridge Veterinary Hospital. These include:

CANINE		FELINE	
DA2(L)PP (yearly) \$26.00		FVRCP (yearly)	\$24.15
RABIES (yearly)	\$14.00	RABIES (yearly)	\$18.00
HEARTWORM TEST (yearly)	\$33.00	FECAL (past 6 wks)	\$14.84
FECAL (past 6 wks)	\$14.84	FELV/FIV (recommended)	\$40.50

(Initial) _____ I understand that these vaccinations/tests will be provided for my pet if they have not been administered within the time period required. For the safety of my pet and other pets, and to minimize the transmission of parasites to the premises or other animals at the hospital, I understand that should intestinal parasites, fleas or ticks be found on my pet while at River Ridge Veterinary Hospital, treatment for these will be administered to my pet at my expense.

PREANESTHETIC BLOOD SCREENING

In order to provide the safest anesthetic event for your pet, River Ridge Veterinary Hospital highly recommends pre-anesthetic screening to evaluate your pet's internal organ function as well as to assess for any underlying potential disease processes your pet may have that could affect the outcome of anesthesia for your pet. These tests include a complete blood count (CBC) and 6 serum chemistry profiles that evaluate liver function, kidney function, and assess blood sugar levels and electrolytes. These tests are performed immediately before surgery and can provide a wealth of information to the veterinarian, so that anesthesia can be specifically tailored to meet your pet's needs. The cost of this pre-anesthetic testing is \$55.00. **Please sign ONE of the following statements below.**

I would like for my pet to have pre-anesthetic screening before surgery.

(Sign) _____

OR

I decline pre-anesthetic testing for my pet before surgery.

(Sign) _____

INTRAVENOUS CATHETER AND IV FLUIDS INTRA-OPERATIVELY

Your pet will be provided with constant anesthetic monitoring (pulse rate / respiration rate / body temperature / oxygen saturation/ + - ECG) throughout the anesthetic event. In order to also maintain proper hydration status and blood pressure, and to have immediate access to my pet’s vascular system in the event of an emergency, River Ridge Veterinary Hospital highly recommends the placement of an intravenous catheter and intra-operative IV fluids to be administered to my pet during the anesthetic event. **This is a requirement for any non-elective surgery.** The cost of intra-operative IV fluids and catheter placement is \$22.00. **Please sign ONE of the following statements below.**

I would like for my pet to have intra-operative fluids and catheter placement.
(Sign) _____

OR

I decline intra-operative fluids and catheter placement for my pet today.
(Sign) _____

PAIN MEDICATION

Pain medication prior to surgery that will last for the duration of the surgery is provided for your pet courtesy of River Ridge Veterinary Hospital. However, in order to keep your pet comfortable after the surgical procedure, we recommend pain medication that can be administered postoperatively and for several days during the recovery period. **This medication is required for declawing surgeries and amputations.** The cost for providing post-operative pain medication is based on my pet’s size and painfulness and ranges in cost from \$13-35. **Please sign ONE of the following statements below.**

I would like for my pet to have post-operative pain medication.
(Sign) _____

OR

I decline all post-operative pain medication for my pet.
(Sign) _____

ADDITIONAL PROCEDURES

Please initial below if you would like one or more of the following optional procedures to be performed on my pet while anesthetized.

Nail Trim	\$ 8.00	_____	(initial)
Ears Cleaned	\$ 13.75	_____	(initial)
Anal Glands Expressed	\$ 11.75	_____	(initial)

Other _____ (initial)

ANESTHESIA/SURGICAL CONSENT

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give the veterinarians of River Ridge Veterinary Hospital, his/her agents, servants, and/or representatives full and complete authority to perform the anesthesia and the surgical / dental procedure described as:

I authorize River Ridge Veterinary Hospital to perform any other procedure that, at his/her discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctor, his/her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

Signature _____

Date _____

Please list all phone numbers where you can be reached at any time throughout the day.
