

CROSSROADS ANIMAL HOSPITAL
Standard Surgery Release

OWNER'S NAME _____ NAME OF ANIMAL _____

SPECIES _____ AGE _____ SEX _____ ID NUMBER # _____

PHONE # WHERE YOU CAN BE
REACHED TODAY: _____

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM THE OWNER OR AGENT FOR THE ABOVE DESCRIBED ANIMAL AND HAVE THE AUTHORITY TO EXECUTE CONSENT.

I HEREBY CONSENT & AUTHORIZE THE PERFORMANCE OF THE FOLLOWING
PROCEDURE(S) OR OPERATION (S) _____

FOR ROUTINE SPAYS AND NEUTERS PAIN CARE MANAGEMENT AND FLUIDS ARE INCLUDED IN PRICE.

PRE ANESTHETIC BLOOD WORK-UP IS ADDITIONAL \$ _____ ACCEPT OR DECLINE

PRE ANESTHETIC ECG WORK-UP IS ADDITIONAL \$ _____ ACCEPT OR DECLINE

ALL OTHER SURGERIES ON YOUR FAMILY MEMBER PET WILL INCLUDE IV FLUIDS, PAIN CARE MANAGEMENT, AND PREANESTHETIC BLOODWORK.

* A BATH AND CAPSTAR WILL BE GIVEN TO YOUR PET TO ENSURE A STERILE SURGERY ENVIRONMENT AND TO CONTROL FLEAS AND TICKS. LONGER AND/OR MATTED HAIR WILL BE AN ADDITIONAL \$5.00 TO \$10.00 CHARGE.

* DURING DENTAL PROCEDURES IT MAY BE NECESSARY FOR EXTRACTIONS AND/OR ANTIBIOTICS. THESE ARE ADDITIONAL CHARGES.

I UNDERSTAND THAT DURING THE PERFORMANCE OF THE FOREGOING PROCEDURE(S) OR OPERATION(S), UNFORESEEN CONDITIONS MAY BE REVEALED THAT NECESSITATE AN EXTENSION OF THE FOREGOING PROCEDURE(S) OR OPERATION(S) OR DIFFERENT PROCEDURE (S) OR OPERATION(S) THAN THOSE SET FORTH. THEREFORE, I HEREBY CONSENT TO AND AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURE(S) OR OPERATION(S) AS ARE NECESSARY AND DESIRABLE IN THE EXERCISE OF THE VETERINARIAN'S PROFESSIONAL JUDGMENT.

I ALSO AUTHORIZE THE USE OF APPROPRIATE ANESTHETICS, AND OTHER MEDICATIONS, AND I ALSO UNDERSTAND THAT HOSPITAL SUPPORT PERSONNEL WILL BE EMPLOYED AS DEEMED NECESSARY BY THE VETERINARIAN.

I HAVE BEEN ADVISED AS TO THE NATURE OF THE PROCEDURES OR OPERATIONS AND THE RISKS INVOLVED. I REALIZE THAT RESULTS CANNOT BE GUARANTEED AND THAT THE DOCTOR OR CLINIC CANNOT BE HELD LIABLE IN THE EVENT OF SOME UNFORESEEN INCIDENT.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT. I FURTHER UNDERSTAND THAT I ASSUME FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED.

SIGNATURE OF OWNER

DATE