



Surgical & Anesthetic Release Form

Owner: _____ Patient: _____

Are you OK to receive text message updates? Yes No Phone #: _____

Additional Emergency Contact Number(s): _____

I authorize the performance of the following procedures by the use of anesthetic drugs:

Please initial next to each statement:

_____ I do hereby certify that I am the owner or authorized agent of the animal described above.
(initial)

I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires general anesthesia or intravenous sedation. I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I release Snake River Veterinary Center and staff of any and all responsibility and or liability in the absence of gross negligence.

_____ (initial)

I understand that changes in my pet's condition or discovery of other findings during treatment may necessitate a change in or an extension of the original treatment plan and if this occurs, a staff member will contact me to inform me of these changes and update the treatment plan figure. In the event I can not be reached at the emergency contact information listed above, I give Snake River Veterinary Center permission to proceed with medical care that will preserve my pet's health or minimize the need for additional and costly services at a later date.

_____ (initial)

I assume responsibility for all charges and understand Snake River Veterinary Center does not accept payments. Financing options are available through CareCredit. The balance is to be paid in full at time of patient discharge.

_____ (initial)

I agree that if I do not pick up said animal at the prearranged time, I will be charged for boarding at \$21.00 per day for each day the animal remains at Snake River Veterinary Center. If I neglect to pick up the said animal within 5 days of the prearranged time, Snake River Veterinary Center may assume the pet has been abandoned and has the right to notify authorities and dispose of the pet as they see fit.

_____ (initial)

Major risks of the surgery/procedure to be performed including the risk of death while under anesthesia have been discussed with me by my veterinarian or a member of the clinic staff. Snake River Veterinary Center will provide supportive care as deemed necessary by the veterinarian in order to prevent cardiac arrest. The cost of medications used during supportive care will be the

_____ (initial) responsibility of the owner.

Continue on back side

Definition of Supportive Care vs. Cardiopulmonary Resuscitation

Supportive Care- During the procedure and/or anesthesia our patients are closely monitored by technicians and monitoring devices. If the normal respiration or heart rate of your animal were to fall below normal conditions the veterinarian would provide supportive care by the means of administering appropriate medications in an attempt to bring your pet’s vitals back to normal.

Cardiopulmonary Resuscitation- CPR- The attempt to reestablish the heart and lung function after cardiac arrest or sudden death. This is done by means of external chest compressions, artificial respirations and a variety of medications. Even the most successful CPR may take multiple days of intensive care and such care can bring considerable expense.

Should my pet require resuscitation, my instructions are as follows:

_____ **YES**, Resuscitate as needed _____ **NO**, Do Not Resuscitate

****If you have chosen to resuscitate your pet, an IV catheter listed below is required and will be placed PRIOR to the start of surgery.**

Recommended Optional Services

1. PRE-ANESTHETIC BLOOD WORK: \$110.00

Accept _____ Decline _____

Results of these tests help determine your pet’s readiness for surgery. Many diseases show up on blood work prior to the animal showing any clinical signs. Depending on the results we are able to adjust anesthetic doses, implement the correct fluid therapy and/or delay surgery if needed. This information also provides us with a baseline of normal values we can use for comparison as your animal ages or gets sick in the future.

2. MICROCHIP PLACEMENT: \$60.00

Accept _____ Decline _____

Thousands of animals a year are found in animal shelters and their owners are never identified. Having a universal tracking device implanted can help locate your pet.

3. IV CATHETER AND FLUID ADMINISTRATION: \$55.00

Accept _____ Decline _____

IV fluids do numerous things to the anesthetized patient. First, they keep the animal hydrated and provide blood pressure support during the procedure. It is common during anesthesia for blood pressure to drop and when that occurs there is a risk of damaging internal organs, therefore causing illness in the future. Having a catheter in place also allows for emergency access to administer lifesaving medications if needed. Fluids also help metabolize the anesthetic drugs more quickly, leading to faster recovery times.

4. CAN WE UPDATE YOUR PET’S VACCINES TODAY? \$12.50 - \$40.00

Accept _____ Decline _____

5. Feline Leukemia/FIV TESTING: \$45.00 FELINE ONLY

Accept _____ Decline _____

Feline Leukemia/FIV testing is recommended once a year

Owner Signature: _____ Date: _____

Employee: _____ Estimated Total Cost: _____