

Surgery Consent / Release Form

Owner's Name _____ Name of Pet _____

Address _____

Phone Number (during the day) _____ Alternate #? _____

Species: Canine / Feline / Other – If other, specify _____ Birthday _____

Breed _____ Sex: Male / Female Altered? Y / N

If acting as an agent for the owner, please fill out this section also:

Name _____

Address _____

Phone Number _____

I am the owner/agent of the above described animal & have the authority to execute this consent. I hereby consent & authorize the performance of the following procedure(s) or operation(s)

Exam Spay(F) Neuter(M) FVRCP Felv Rabies DHLPP

Declaw: Front / Rear Ears Teeth Nail Trim Anal Glands

Radiographs Urinalysis Fecal Blood Work IV Catheter Dewclaw: Bony / Floppy

Other _____

IS YOUR PET ON ANY MEDICATIONS THAT NEED GIVEN TODAY?

Is there a specific time you need to pick up your pet? _____

Do you want your pet to have IV fluids during the procedure? (\$42.25) Y / N

IV fluid will support the animal's organs and blood pressure during the procedure, and enhance the quick recovery from the anesthesia.

Pain medication is now mandatory on all surgical procedures by Oregon State law 875-015-0030(j) (\$15-25)

- It is our clinic policy that any animals with fleas will be treated immediately at the owner's expense.
- Pain medication: It is our belief and required by law that pain meds are necessary for ALL surgeries. Therefore, unless otherwise instructed by the doctor, pain meds will be given.
- I understand that during the performance of the foregoing procedure(s) unforeseen conditions may be revealed that necessitate a change to different procedure or operation than those set forth above. I hereby consent to and authorize the performance of such procedures that are deemed necessary by the veterinarian's professional judgment.
- I also authorize the use of appropriate anesthetics and other medications, and understand that hospital support staff will be employed if deemed necessary by the veterinarian.
- I have also been advised as to the nature of the procedures of operations and the risks involved. I realize that results cannot be guaranteed.
- I understand that even if my animal(s) is/are vaccinated against Kennel Cough (Bordetella), there is a chance that my animal(s) can still contract Kennel Cough or other diseases during their stay at Albany Animal Hospital, Inc. I specifically agree that Albany Animal Hospital, Inc shall in no way be responsible should my animal(s) contract Kennel Cough or any other illness(s) while in the care of Albany Animal Hospital, Inc.
- I have read the above and understand this authorization consent.

Date _____ Owner's Signature _____ Witness _____