



Surgical Release Form

Client Name _____

Email _____ Primary Phone _____ Emergency Phone _____

Patient Name _____

Anesthetic and surgical procedure(s) to be performed. Please denote right/left, front/rear as appropriate.

_____ I, the undersigned owner or agent of the pet identified above, authorize the staff of Serrano Animal and Bird Hospital to perform the above procedure(s).

Microchip: There is an additional fee for this procedure: _____ Yes _____ No _____ Already has one

Nail Trim: Would you like a complimentary nail trim for your pet? _____ Yes _____ No

Have you given your pet any medications or supplements in the past week?

_____ Carprofen/Rimadyl _____ Meloxicam/Metacam _____ None _____ Other: _____

Time medication was last administered? _____ Last feeding time: _____

Any other concerns/allergies/procedures? _____

_____ I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

I am over 18 and understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life-sustaining procedures.

_____ Yes, I give my permission _____ No, I do not give my permission

_____ While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, recheck physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions. I have been provided an estimated cost for the procedure(s) listed above and understand this is only an estimated cost, actual costs may be more or less within reason. I assume financial responsibility for the recommended services and will provide payment in full at the time my pet is discharged from the hospital. I have read and fully understand the terms and conditions set forth above.

_____ I certify that I am 18 years of age or older and responsible for the financial and medical decisions for the above-mentioned pet.

Signature

Date