

Date:

Client:

Patient:



### Surgery Release/Contact Form

#### Section I: Pet Information

Did your pet eat this morning? Yes ( ) No ( )

Is your pet taking medication? Yes ( ) No ( )

If yes, did the pet receive the medication this morning? Yes ( ) No ( )

Medications given today: \_\_\_\_\_

Has your pet experience any unreported illness or injury in the last 30 days? Yes ( ) No ( )

If your pet is undergoing anesthesia today, have there been problems with anesthesia in the past?

Yes ( ) No ( ) N/A ( )

#### Section II: Anesthesia/Sedation/Procedure Release

I hereby authorize and direct the veterinarians and staff of Mounds View Animal Hospital to perform the procedures, diagnostic tests, and treatments as deemed advisable and approved on my estimate or verbally authorized for my pet. The nature of the procedure has been explained to me and no guarantee has been made as to the results or cure. I understand that the risk of death can occur during any anesthetic and/or surgical or dental procedure. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. All services must be paid for when my pet is released. Some procedures require a deposit to be made before surgery. Your pet may have a small area shaved for placement of an intravenous catheter.

#### Section III: Contact Information

I understand I may need to be contacted regarding my pet's medical, dental, or surgical procedure today. The numbers I may be reached at are:

Name:

Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Mounds View Animal Hospital (MVAH) will attempt to contact you at these numbers in the event we need to discuss your pet's care. **If we are not able to reach you in a timely fashion (within 15 minutes if the pet is anesthetized):**

#### Choose ONE:

\_\_\_ I authorize MVAH to do whatever procedures they deem medically appropriate to treat my pet and understand that standard fees will apply.

\_\_\_ Do not do ANY additional procedures if I can't be contacted. I understand that if my pet has been anesthetized and attempts to contact me are unsuccessful, that my pet will need to be anesthetized again for any additional procedures to be performed and standard fees will apply.

Signature of Owner/Agent \_\_\_\_\_

Print Name: \_\_\_\_\_