

<company>  
<co-address>  
<co-city>, <co-st> <co-zip>  
<co-phone>  
Dr. Kristina Andrusko-Bipes  
Dr. Amberleigh Barker

<date>

### **SURGERY RELEASE FORM**

Owner: <first-name> <last-name>  
Street: <address>  
City: <city>, State: <st>  
Zip: <zip>  
Phone: <phone>

Patient: <animal>  
Breed: <breed>  
Age: <age>  
Sex: <sex-name>  
Color: <color>

#### **Please take time to review this form and sign the authorization.**

Our greatest concern is the well-being of <animal>. To minimize risks associated with anesthesia and surgery, we will perform the following procedures in addition to a thorough physical exam.

#### **PRESURGICAL BLOOD WORK:**

This allows us to detect conditions that might not be apparent on exam. A complete blood count (CBC) will check for anemia, infection and possible bleeding tendencies. A blood chemistry profile will check for liver and kidney disease and may indicate metabolic problems.

#### **IV CATHETER AND FLUID THERAPY:**

We will place an IV catheter prior to surgery and administer IV fluids while your pet is under anesthesia. This required procedure supports the cardiovascular system, maintains hydration and allows rapid administration of drugs in case of emergency.

#### **PAIN MANAGEMENT:**

Post-surgical pain relief medications will be determined by the Doctor on an individual patient basis. This includes both in-hospital and at-home pain management.

**SURGICAL PROCEDURE:** \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_ Last drink? \_\_\_\_\_

Do you give your pet any medications/supplements?      YES      NO  
If YES, please list \_\_\_\_\_

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**ADDITIONAL SERVICES:**

Would you like a complimentary nail trim?      YES      NO

We recommend permanent identification in the form of a microchip implanted under the skin to help locate you, the owner, in the event that your cat or dog is lost.

Would you like a microchip placed today?  
(The cost is an additional \$50.00)      YES      NO

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I certify that I am the owner or that I am acting as the owner's agent for <animal> and that I have the authority to execute this consent. I hereby consent and authorize Maplebrook Pet Care Center and its staff to perform the previously listed anesthetic and surgical procedure.

The nature of this procedure has been described to me to my satisfaction and I understand the associated risks. While I accept that all necessary precautions will be taken, I understand that no guarantee or warranty has been made regarding the outcome of said procedure.

Furthermore, in the event of an emergency situation I authorize any necessary medication or procedure that the Doctors may deem necessary for the health, safety and well-being of <animal> while under their care and supervision. In the event of any adverse outcome, I agree to release Maplebrook Pet Care Center and its staff from any responsibility and/or liability, in the absence of gross negligence.

I further agree that I am responsible for payment in full for these procedures and treatments at the time that <animal> is discharged.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TODAY'S PHONE NUMBERS: 1)** \_\_\_\_\_

**2)** \_\_\_\_\_