

**Staunton River Veterinary Clinic
SURGERY RELEASE FORM**

Owner:
Address:

Date:

Phone(s): () -

Patient:
Date of Birth:
Breed:
Sex:
Color:
Main Reason For Admittance:

I hereby authorize and direct the veterinarians of Staunton River Veterinary Clinic to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet, _____. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

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 _____ Is Released. Some Procedures Require A Deposit Be Made Before Surgery.**

We recommend that pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery.

I understand and **would like my pet to have blood work** as an added method of safety.

___ Accept (initial Accept or Decline)
___ Decline

We recommend intravenous fluids during the surgery to maintain blood pressure and ensure _____'s post-surgery comfort.

I understand and **would like my pet to have fluids during surgery.**

___ Accept (initial Accept or Decline)
___ Decline

I understand and agree to the above terms and acknowledge that blood work may be done or fluids may be administered, depending up my pet's age and risk factors.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____