

Steamboat Animal Hospital Surgery/Anesthesia Release Form

DATE: _____ OWNER: _____ CLIENT # _____

PET: _____ WEIGHT: _____

Appointment Notes: _____

Please leave *AT LEAST ONE* contact number where you will be reachable today:

Contact Person:	Phone #		Home	Work	Cell
1st _____	_____				
2nd _____	_____		Home	Work	Cell

Patient History (please circle):

- | | | | |
|---|-----|----|----------|
| • Did your pet eat this morning? | YES | NO | NOT SURE |
| • Is your pet taking any medications?
If yes, please list medication and time last given _____ | YES | NO | NOT SURE |
| • Does your pet have any known allergies?
If yes, please list _____ | YES | NO | NOT SURE |
| • Does your pet have a history of seizures? | YES | NO | NOT SURE |
| • Is your pet up-to-date on vaccines? | YES | NO | NOT SURE |
| • Has your pet been in heat recently?
If yes, when was last heat cycle? _____ | YES | NO | NOT SURE |
| • Is your pet pregnant? | YES | NO | NOT SURE |
| • Has your pet been treated for fleas in the last 30 days
If yes what product _____ | YES | NO | NOT SURE |
| • Has your pet been ill or injured in the last 30 days? | YES | NO | NOT SURE |
| • Do you have any health concerns today?
If yes, please list _____ | YES | NO | NOT SURE |

Safety and Comfort: For the safety and comfort of our patients, and for the peace of mind of our clients, we have a minimum set of requirements before, during and after anesthesia. In addition, we offer other optional services. All the costs are fully outlined below. While we attempt to be accurate, the prices below do not include the cost of unforeseen circumstances, and all efforts will be made to contact you before this occurs.

Included in the Surgery Procedure:

For the safety and comfort of our patients, the following items are included in the price of the procedure:

- *a pre-surgical physical examination the day of surgery
- *placement of an IV catheter for intravenous access for fluids and/or medications
- *advanced monitoring of vital systems
- *Intravenous(IV) fluids during surgery to maintain blood pressure
- *an analgesic injection before the procedure that lessens the perception of pain post-operatively

Please read and initial the following:

____ I understand there will be an additional fee if my pet is in heat/pregnant while undergoing a spay surgery

____ I understand that if fleas are found on my pet he/she will be treated with one dose of Capstar at my expense.

*This will rid my pet of fleas for 24 hours only.

*PLEASE SEE NEXT PAGE

Pre –Surgical blood work:

We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring that your pet has normal major organ function before anesthesia. This included indicators of dehydration, kidney & liver disease. By performing this pre-op blood profile, we will be better able to rule out pre-existing internal problems that may not be evident physically but could lead to serious complications. **There is an additional** roughly \$90+ **fee.**

Please initial: **YES**, I want the pre-surgical blood work _____
 NO, I decline pre-surgical blood work _____
 Already performed

Elective procedures:

The staff at Steamboat Animal Hospital would be happy to provide the following services while your pet is here today. Prices for these procedures are as listed. Please mark those services you would like performed:

- | | |
|--|--|
| _____ Post surgery sedation for home (\$20-35) | _____ Fecal Exam w/Giardia (\$65) |
| _____ Microchip (\$89.00) | _____ Felv/FIV test - cats only -(\$69.44) |
| _____ Vaccines (\$35.00) which vaccines? | _____ Nail trim (no charge) |
| _____ Flea preventative, which product? (price varies) _____ | |
| _____ Post-surgical laser treatment to promote quicker healing, decrease inflammation & pain (\$34.00) | |
| _____ Post Op Surgery Recovery Suit (\$30-32) | |

Resuscitation requests:

DNR { } I do not wish for my pet to receive CPR. I understand that if CPR is not used in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious that my pet will pass away. I accept complete financial responsibility for medical care provided to my pet prior to the occurrence of cardiopulmonary arrest.

_____ ***Signature***

CPR { } I consent for my pet to receive CPR in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious.

_____ ***Signature***

_____ (initial) I accept that in the event that I cannot be contacted within 15 minutes of the initiation of CPR, and that reasonable measures were taken, and that there is deemed no chance of recovery, the medical team will cease CPR. I understand that even with the best efforts and appropriate CPR treatment my pet may not survive, nor make a full recovery to his/her prior health.

_____ (initial) By requesting CPR, I accept complete financial responsibility for prior medical care, the cost of CPR and any resultant ongoing care at Steamboat Animal Hospital or at a third party veterinary clinic of my choosing, regardless of the outcome to the health or survival of my pet.

Hereby, I expressly agree to release Steamboat Animal Hospital and its agents and representatives, from liability for any and all damages to my pet and agree to hold Steamboat Animal Hospital its agents and representatives harmless from any liability associated with the procedure and treatments being performed on my pet.

Owner's Release: Upon picking up my pet(s), I understand that payment is due in full. This facility accepts Cash, Checks, Debit, MC, Visa, & Care Credit.

I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below indicates your acknowledgment that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information you desire, (iii) you have had a chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and administration of anesthesia.

Owner/Agent Signature: _____

Date: _____