WESTERN BRANCH VETERINARY HOSPITAL SURGERY RELEASE FORM

(Top Section for Clinic Use Only)

		(1 op seeds						
Vaccines/Testing: Exam								_ Bordetella
Procedures Scheduled: Spa	y Castration	Declaw 2 ft 4 ft	Dental	_ Mass Removal	Mass Loc	cation(s)/Oth	er	
	(Ple	ase Fill Out All <mark>*</mark> \$	Starred Area	ns of Form Comp	letely)			
*PRE-OPERATIVE LABV note: There will be an additi	WORK: The doctor I	IAS recommended p	ore-operative b	lood work for my pe	et due to risk		se of anesthe	esia. Please
□ I Accept □ I Decline (Signed) □ Using I am aware that there are increased risks in the								
	(Signed)		(By signi	ng and dating I am awa	re that there a	re increased ris	ks in the absen	ce of this testing.)
*IV FLUIDS: The doctor I sedation. IV Catheter and Flin sedation recovery), help k	uids during the proce	dure are recommend	ed to reduce th	is risk. IV Fluids he	elp flush the			
□ I Accept								
(Signed)				ning and dating I am aw	vare that there	are increased r	isks in the abso	ence of this testing.)
*Pain Medication: Many ar discomfort. Please note: The			rvice.	have available anal _! Decline	gesics or pai	in medication	that can he	lp alleviate this
	(Oighea)					(Bigliea)		
* (Please Initial): clinic will give your pet a flet this service. *I am aware that the practic and possible complications i	e of medicine and sur	ocedure. By initialing	ng here you und science, and ur	derstand that you winderstand that there a	ill be respons	sible for the	additional co	ost related to
acknowledge no guarantees procedure or operation, in ac judgment, and in accordance	have been made to me Idition to or different t	as to the results of the from those now conto	the operation of	r procedure perform	ed. I also at	ithorize the p	performance	of any
*I accept responsibility for p of the total balance which I will be responsible for all co	vill also be responsibl	e for. I also agree th	nat should my a	ccount become deli	nquent and i	s referred to		
	I ELECT TO P	ROCEED WITH S	URGERY AN	D/OR SEDATION	AT THIS	TIME.		
*Signature:			*Dayt	ime Phone #				
*Date:			*Alte	rnate Phone #				
*We are now offering "Ho injector application. Althou other procedures. The cost f use in puppies, dogs, kittens is under anesthesia today.	gh anesthesia is not re or this procedure is \$7	quired for this proceed 1.99, which includes	dure, your pet s the microchip	will experience less and first year's enr	discomfort rollment fee.	if this is done This micro-	e while unde chip is recor	er anesthesia for mmended for
□ <mark>I Accept</mark>			□ <mark>I D</mark>	ecline				

(Signed)

(Signed)