



1770 Prairie City Rd
Folsom, CA 95630
919.984.0990

**Blue Ravine Animal Hospital
Surgery Release Form**

Client Name (first/last): _____

Patient Name: _____

SURGERY CONSENT

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Blue Ravine Animal Hospital's attending veterinarian and staff full and complete authority to perform the surgical procedure described as: _____

I understand that my pet is scheduled for a procedure that requires anesthesia. I realize that any anesthetic/surgical procedure involves some risks including but not limited to: anesthetic reaction, surgical site dehiscence and/or infection, and/or additional medications or treatments as a consequence of unforeseen complications. I understand that pre-anesthetic blood work does not guarantee the absence of complications. It may, however, reduce the risk of anesthesia or require changes in the anesthetic protocol by identifying certain conditions such as diabetes, liver, or kidney disease. I certify that I have notified the doctor of any pre-existing conditions, such as seizures, allergic reactions, previous anesthetic complications, etc. I do hereby forever release the said doctor, her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

I certify that my pet has not eaten any food or treats for at least 8 hours. Initials: _____

Current medication(s) and time(s) given:

PRE-ANESTHETIC BLOOD TESTING CONSENT

We strongly recommend that a pre-anesthetic blood screen be performed prior to anesthesia for patients under 8 yrs old. This may help us avoid possible complications during the procedure. Blood work is mandatory for patients older than 8 yrs old.

Please indicate your choice below:

Over 8 yrs: I acknowledge that a CHEM 17, SDMA, CBC, electrolytes COMPREHENSIVE panel will be run.
\$152

CHEM 10, SDMA, CBC, electrolytes BASIC - under 8 yrs of age.

NO, I decline pre-anesthetic blood testing.

\$134

INTRAVENOUS FLUIDS AND PAIN MANAGEMENT*

Intravenous fluids aide in the elimination of anesthesia byproducts, keep your pet hydrated, and assist in managing blood pressure. IV fluids are mandatory for patients 8 yrs and older. Pain medications are administered before surgery in most cases. In addition to standard pain management, administration of IV pain medication may be used depending on the procedure. Additional pain medication relief at home is also available.

- Over 8 yrs:** I acknowledge that IV fluids will be administered during the procedure. \$112
- YES, administer IV fluids during procedure. \$112
- YES, dispense additional medication for pain relief at home. \$27-50
- NO, I decline IV fluid administration.
- NO, I decline additional medication for pain relief at home.

***Please note that all patients will have an IV catheter placed (included in surgery fee). We will need to shave a small area on a front leg to ensure sterile placement. We may also need to shave a small area of a paw to allow proper blood pressure monitoring. Initials: _____**

ADDITIONAL OPTIONS: SEDATIVES, ELIZABETHAN COLLAR, MICROCHIP PLACEMENT

Upon discharge, some patients may become too active at home and hinder the recovery process. We may recommend or you may elect in advance to take sedatives and/or an e-collar home at the time of discharge. If you would like these services for your pet, please let us know.

- YES, dispense sedatives. \$27-75
- YES, dispense an Elizabethan collar. \$12-20
- NO, I decline sedatives.
- NO, I decline an Elizabethan collar.
- YES, Please place a microchip while under anesthesia. This permanent ID can never be removed or become impossible to read. \$65

TREATMENT CONSENT (For dental consent, also complete next section)

In addition to today's procedure, patients occasionally require further treatment based upon the veterinarian's findings and/or patient response to the procedure. If the hospital staff cannot reach me by phone, please do the following:

- YES, please treat my pet as deemed necessary by the attending veterinarians, and I will be responsible for any associated costs. I authorize a maximum of \$ _____
- NO, do not make any major changes in treatment without contacting me first.

DENTAL EXTRACTIONS CONSENT (For dental procedures only)

Dental estimates are created prior to assessing your pet under anesthesia (i.e., prior to dental radiographs). As a result of dental radiographs, the degree of dental disease may reveal the need for extractions.

- YES, please perform all required extractions as deemed necessary by the veterinarian even if it exceeds the provided estimate (i.e., I do not require a phone call).
- YES, please perform all required extractions as deemed necessary as long as the cost doesn't exceed the provided estimate (i.e., I do not require a phone call).
- NO, do not perform any extractions without contacting me. By marking "no" you are acknowledging that your pet will not receive the veterinarian's recommended extractions or treatment and will be awoken from anesthesia if we cannot get a hold of you.

Client Signature (please sign in ink) Date

If any questions arise, I may be reached at the following number(s):
