

Sterling Pointe Veterinary Clinic

41 Lincoln Blvd
Suite #10
Lincoln, Ca. 95648
(916) 543-9663

Surgery Release Form

Office use only:

Client #: _____
Pet Weight: _____ Pet temperature: _____
Medication given? _____

Owner's Name (first & last): _____

Pet information: Pet's Name: _____

Canine Feline Breed: _____ Male Female

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 Sterling Pointe Veterinary Clinic 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 procedure involves some risks. 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 reaction, previous anesthetic complications, etc. I do hereby forever release the said doctor, his/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.

Pre- anesthetic Blood Testing Consent

We strongly recommend that a pre-anesthetic blood screen be performed prior to anesthesia. This may help us avoid possible complications from the procedure to be performed.

Please indicate your choice below:

- Basic Blood Screening** (under 7 years of age) - includes CHEM 10, CBC
- Comprehensive Blood Screening** (7 years and older) - includes CHEM 17, CBC, electrolytes

Intravenous Fluids and Pain Management

Intravenous fluids aide in the elimination of anesthesia byproducts in addition to keeping your pet hydrated. Pain medications are administered before surgery in most cases. In addition to standard pain management, administration of IV pain medication and/or additional pain medication relief at home are also available.

- Yes**, administer IV fluids during procedure.
 Yes, dispense additional medication for pain relief at home.
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Sedatives and / or Elizabethan Collar Request

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 Elizabethan collar home at the time of discharge. If you would like these services for your pet, please let us know.

- Yes**, dispense sedatives
 Yes, dispense an Elizabethan collar
 No, I decline sedatives
 No, I decline an Elizabethan collar
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Additional Treatment Consent

I understand, and it has been explained to me, that my pet may require additional treatments beyond what is listed on the estimate I have already authorized. In the event that additional treatments are required I agree I will be reachable by phone to authorize said treatments. I understand that Sterling Pointe Veterinary Clinic will not perform any additional treatments aside from what I have already authorized on the original estimate when my pet was checked in unless I have approved.

In the event that we cannot reach you, the owner, by phone to discuss additional treatment(s), is there an additional amount that you want to authorize? Please indicate your choice below:

_____ **Yes**, I give Sterling Pointe Veterinary Clinic authorization to perform additional treatments up to the amount of _____.

_____ **No**, I do not wish for any additional treatments to be performed without my consent.

I may be reached at the following phone number(s).

Owner's signature: _____ Date: _____