



Anesthesia and Surgery Release Form

Please Print

Pet Name: _____ Client Name: Last _____ First _____

Client Phone (H) _____ (C) _____ (W) _____

Email _____

Office use only: Client ID# _____

Is the pet current in the following wellnes s areas: Vx (Y/N) Testing (Y/N) Preventatives (Y/N)

Client & Pet information above verified by staff member _____ Patient admitted by staff member _____

Procedure _____

I hereby authorize the doctors and staff of Creekside Pet Care Center (CPCC) to administer such diagnostic, therapeutic, surgical, and anesthetic procedures, as they deem necessary for my pet. I understand that no guarantee or assurance has been made as to the results of the examination, diagnostics, or treatment of my pet. I assume all financial responsibility for all charges incurred on behalf of this pet, consent to release of medical information, and authorize direct payment to CPCC. I understand this release is valid from this date forward. I understand that I must show written proof of current vaccinations for my pet administered by a licensed veterinarian (Rabies and FVRCP for cats; Rabies, Distemper/Parvo and Bordatella (CPCC requires Bordatella every 6 months) for dogs) and the pet must be free of external parasites or they pet will be vaccinated/treated at the cost to me.

I understand that general anesthesia as well as surgery carries inherent risks, including death. I understand that pre-anesthetic blood panel is required to help avoid problems that my pet may have with anesthesia administered for this procedure. The doctor will assess the anesthetic risk of the patient based on the exam and the medical history to date. I understand that if the doctor deems that an expanded blood panel is needed for your pet, it will be done at an increased charge to me but will remain within the variance quoted on the medical care plan.

I understand that post-operative complications may occur and I accept all financial responsibility if additional treatment is needed. I have read and accept the above conditions of this anesthesia/surgical release statement. I understand that CPCC staff members will not be on the premises between the hours of 7:00pm and 7:30am and that as such all animals at CPCC will be unsupervised overnight. I understand that my pet may require overnight observation at the Animal Emergency Hospital of North Texas (AEHNT), and understand that I may be asked to transport my animal to a separate overnight facility and that such additional overnight services will be quoted and charged to me by this separate facility.

I understand that the exact time of the procedure cannot be predicted due to the nature of the surgical schedule which involves multiple patients receiving various procedures, the timing of which can only be controlled to a degree. I understand that the order of the surgical schedule will be at the discretion of the surgeon, and that no procedure time or discharge time can be guaranteed. I understand that a staff member will notify me by phone when the procedure is complete at which point I will receive instructions for patient discharge.

I understand that I will be presented with a detailed medical care plan describing all procedures and associated costs at the time my pet is presented for treatment. I will carefully review and sign this plan, and understand that I will be responsible for all costs which will be paid following services being rendered prior to the discharge of my pet from the facility.

I have read and understand this authorization and consent.

Will anyone other than you be picking up your pet? If "Yes" please list name: _____

Contact Phone: #1) _____ # 2) _____ # 3) _____

Printed _____ Signed _____ Date _____

PLEASE DO NOT SIGN WITHOUT READING FORM

Office use only:
Post op call by _____ and/or RTG call by _____ Discharge done: Tech initials _____ Client initials _____