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Surgical Release Form

Client's Name _____ Patient's Name _____

Phone number(s) where you can be reached today _____

PROCEDURE(S): _____

FOR SAFETY WE MAY REQUIRE THE FOLLOWING:

- A current exam no more than one day prior to the procedure
- A safety catheter for intravenous access for fluids and/or medications
- Advanced monitoring of vital systems
- Intravenous fluids during surgery to maintain blood pressure
- Lab tests of blood to determine underlying problems

Advances in anesthesia and surgery have made most procedures quite safe, with a low rate of complications. However, occasional problems can arise if the veterinarian is not aware of the pre-existing conditions which may not be evident during the pre-surgical examination and diagnostic testing. We require that every pet undergoing general anesthesia have baseline lab testing. This does not guarantee the absence of complications; however, it will greatly reduce the risk of complications,

FOR COMFORT WE MAY REQUIRE THE FOLLOWING:

- An anti-pain injection or patch before the procedure that lessens the perception of pain afterwards
- Post procedure anti-pain injection for sustained comfort
- Pain medication for home administration

HOME AGAIN MICROCHIP PERMANENT IDENTIFICATION

We have the technology to safely and permanently insert a microchip under your pet's skin, which will allow anyone (animal shelters and veterinary hospitals) to scan and identify your pet if lost or stolen. Although it is not necessary to anesthetize your pet to insert the microchip, we find that it is more comfortable and convenient for you and your pet to do so concurrently with an anesthetic procedure. (\$42.00)

_____ Yes, I consent to the placement of a Home Again microchip under my pet's skin
_____ No, I decline placement of a Home Again microchip under my pet's skin.

I understand that during the performance of procedures for the above patient, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures necessary and desirable in the exercise of the Veterinarian's professional judgment. I have been advised of the nature of the services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthetics and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the Veterinarian.

In the event that we discover additional necessary or recommended treatments and we are unable to reach you at the number(s) you have given us today, do you approve those treatments? NO _____ YES _____

I am the owner of the above patient and have the authority to execute this consent and authorization. _____ (Initial)

All charges shall be paid upon release from the hospital.

I have read and understand this authorization.

(Signature of Owner)

(Date)