

Central Kentucky Veterinary Center
Surgery Release Form

Discharge Time:

Client:
Address:

Patient:
Breed:
Sex:
Color:
Birthdate:

Phone:
Cell:

Main Reason For Admittance:

Date:

I hereby authorize and direct the veterinarians and staff of Central Kentucky Veterinary Center to perform the procedures and additional diagnostic and /or treatment procedures as deemed advisable for ____ The nature(s) of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there are risks involved in these procedures. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services Must Be Paid For When ____ Is Released. Some Procedures Require A Deposit To Be Made Before Surgery.**

WAIVER

If ____ is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, we recommend the following. **These will be performed (and you will be billed for them) unless you refuse them by checking.** If ____ is over the age of 7 years we require a Pre-Anesthetic panel before anesthesia.

Check for Refusal:

- A. Use of Laparoscope
- B. Use of surgical laser
- C. Chem 10 (if under the age of 7 years)

Included with procedure

- IV Catheter and Fluids
- Treatment for Pain by either Laser Therapy or Injection

ADDITIONAL SERVICES

Please note any additional services that you would like us to perform while ____ is anesthetized.

- Homeagain Microchip
- Nail Trim
- Express Anal Sac
- Other
- Would you like a text update on BB after surgery? Y N
Text Number

Has ____ had any food in the last 12 hours?

Y N

I fully understand and agree to the above procedures and terms.

Date: _____

Signature of Owner/Agent (Must be over 18)

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