

Lawrenceville Animal Care Center

Client:

Patient:

Age:

Procedure(s) to be performed: _____

**Feline Neuter
Elective Surgery Release Form**

Please read the following carefully and sign.

Your pet is scheduled for an anesthetic and/or surgical procedure. Like you, our greatest concern is the well being of your pet. There are inherent risks any time anesthetics are administered. In light of these risks, we recommend some additional measures to minimize these associated risks. These items are in addition to the basic surgery price, which includes the pre-operative exam, anesthesia, surgical supplies, the procedure itself, and surgery recovery. The price for these items is listed separately from the basic surgery price on the procedure estimate. Please read through the following before deciding to decline these recommendations.

IF YOU DO NOT WANT SOMETHING, YOU MUST INITIAL!!

- ❖ **Pre-Anesthetic Blood Testing-** This is done to get a more complete picture of your pet’s health. It helps alert us to the presence of dehydration, anemia, infection, diabetes, and/or kidney or liver disease, which could complicate anesthesia. These tests are similar to those your own physician would run on you if you were to undergo anesthesia. In addition, the results may be useful in the future if your pet’s health changes.

_____ **I decline pre-anesthetic blood testing (please initial)**

- ❖ **Additional Pain Medication-** This is in addition to that routinely given during surgery. Pets who receive post-operative pain relief seem to feel much better the next day and recover sooner.

_____ **I decline additional post-operative pain medication**

- ❖ **Microchip Placement-** A tiny microchip coded with an identification number is injected under the skin to aid in recovery if your pet is lost or stolen.

_____ **I decline placement of a microchip in my pet while anesthetized**

I understand the risks of anesthesia and will not hold Lawrenceville Animal Care Center responsible for unforeseen complications. I authorize Lawrenceville Animal Care Center and its veterinarians to perform anesthesia and/or surgery on my pet. I understand that I assume full financial responsibility for this animal and understand that additional charges may be incurred in the event of any complications.

In the event of anesthetic complications please _____ **DO** _____ **DO NOT** attempt resuscitation.

Signature of owner or responsible party

Contact Phone Number

Date