



Anesthetic/Surgery Release Form

Patient Name: _____

Owner Name: _____

Phone Number for Contact: _____

Additional number(s) you can be reached at: _____

Procedure Authorization

I, the undersigned owner or authorized person for the above-named pet, authorize **Jamul Veterinary Hospital**, and its staff to perform the following procedure(s):

I understand the nature of the procedure(s) and authorize the use of anesthesia and any medications deemed necessary for my pet.

Signature

Time of Last Meal: _____

Pre-Anesthetic Bloodwork

Pre-anesthetic bloodwork helps detect underlying issues that may affect anesthesia safety. Bloodwork is required for all anesthetic procedures.

☐ **I authorize** pre-anesthetic bloodwork _____

Initials

Risks and Complications

I understand that surgery, like any medical procedure, carries inherent risks, including but not limited to complications such as bleeding, infection, and in rare cases, death. I acknowledge that these risks exist even with the best possible care and surgical technique. I have discussed these risks with my veterinarian and veterinary team and have had the opportunity to ask questions. I hereby consent to the performance of the surgical procedure on my pet and accept the associated risks, including specific risks listed above and those otherwise discussed directly with the veterinarian and veterinary team. _____

Initials

☐ I hereby **authorize** Jamul Veterinary Hospital to initiate cardiopulmonary resuscitation (CPR) and other life-saving measures. I understand that additional costs may be incurred during CPR and that these costs are not included in the estimate provided for the original procedure. _____

Initials

☐ I **do not** wish for Jamul Veterinary Hospital to initiate attempts to resuscitate my pet (DNR). I understand that my pet is unlikely to survive cardiac arrest without intervention. _____

Initials

Additional Services

Nail trims are included for all surgical procedures. Additional services can be added-on for an additional charge. Please select which services you'd like performed.

☐ Anal glands - \$35 ☐ Ear cleaning - \$30 ☐ Microchip - \$51.50

Payment and Liability

I understand that payment is due in full at discharge. I agree to hold Jamul Veterinary Hospital, its veterinarians, and staff harmless from any unforeseen complications that may arise during or after the procedure, provided reasonable care and precautions are taken.

Initials