Bucyrus Veterinary Services

Erica Schieber, DVM • 222 W. Mary St. • Bucyrus, OH 44820 • (419) 562-2224

Surgical/Anesthetic Release Form

Patient Name: _____ Procedure: _____

     I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia or any other medications deemed necessary by the veterinarian.I have been informed of the nature of the procedure to be performed as well as the risks involved. I understand that there are potential complications, including death, associated with anesthesia. I also understand that the veterinarian will make every effort to contact me in the case of unforeseen emergencies regarding treatment, but if unable to contact me, will proceed with any life-sustaining procedures.

     I agree to be responsible for any expenses incurred while my pet is under the care of this facility and I understand that payment is due at the time my pet is released from the hospital.

     A complete physical exam will be performed on your pet prior to the surgical procedure; however, this may not identify any or all internal abnormalities. For this reason, we recommend that all patients undergo a pre-anesthetic blood panel to assess major organ function prior to any anesthetic use. ****<u>For patients seven years of age or older, bloodwork is mandatory.</u>****

<u>Please initial one for patients six years of age or younger:</u>

I **<u>Authorize</u>** the performance of pre-anesthetic bloodwork at the additional cost of $57-$83: _____

I **<u>Do NotAuthorize</u>** the performance of pre-anesthetic bloodwork: _____

     While your pet is under anesthesia, you may choose to have a microchip placed for an additional fee of $38.50. Microchipping your pet ensures that he/she is able to be identified at many local humane societies, rescue facilities, and/or veterinary facilities and returned to you if he/she became loose.

<u>Please initial one:</u>

I **<u>Authorize</u>** the placement of a microchip in my pet: _____

I **<u>Do Not Authorize</u>** the placement of a microchip in my pet: _____

     At Bucyrus Veterinary Services, we believe in keeping every patient as comfortable as possible. For this reason, injectable and/or oral pain medications may be administered and/or sent home to be continued after the procedure. If you **Do Not**wish to have pain medications administered or dispensed, a consultation with the veterinarian is **Required.After speaking with the veterinarian and understanding how my decision will affect my pet, I <u>Do Not Authorize</u> the use or dispensing of pain management medications on/to my pet. (Initial):**_____

Owner signature: _____ **Date:** _____

Contact number: _____

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