



Surgical and Anesthesia Release Form

Owner's Name _____

Pet's Name _____

Animal Hospital/Attending Clinician _____

Best Available Phone Number(s) Today _____

Email Address _____

Surgical Procedure: (if applicable, include which limb)

Has your pet been fasted prior to surgery (no food since midnight)? YES NO

What medications does your pet currently receive _____

As the owner of the above-named pet, I certify that I am over the age of 18; and I authorize the staff of this hospital to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies. Although not anticipated, should unexpected life-saving emergency care be required I would like hospital staff to attempt the following life-saving measures (please circle and initial one of the options below):

Cardiopulmonary Resuscitation (CPR) _____ Do Not Resuscitate (DNR) _____

As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I have been advised as to the nature and purpose of the surgery described above, the risks involved, and the possibility of complications. I acknowledge that no guarantee has been made to me as to the result of this procedure.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I will have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense.

Signature _____ Date _____

Please circle YES or NO and initial: I give Precision Veterinary Surgery (PVS) permission to use my pet's picture, video, and first name on PVS social media sites.