

Julington Creek Animal Hospital, Inc.

12075 San Jose Boulevard, Jacksonville, Florida 32223, (904) 268-6731, Fax (904) 262-2870

Surgery Release Form

Owner: _____

Patient: _____

Species: _____

Breed: _____

Sex: _____

List phone # where you, or someone authorized to make decisions regarding the care of your pet, can be reached: _____

I am the owner or agent for the above-described pet and have authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s): _____

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

If a dental is performed, extractions are only done if a tooth cannot be salvaged otherwise.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedure(s) or operation(s) and the inherent risks involved with anesthesia. I realize that results cannot be guaranteed.

I understand that in order to provide the safest anesthesia to _____, a pre-anesthetic health profile should be performed PRIOR to surgery and an electrocardiogram (ECG) should be utilized to help monitor the condition of _____ while under anesthesia. If I should utilize these safeguards, I realize that it will increase my bill accordingly. _____ (please initial).

A Blood profile and an ECG will be used at the veterinarian's discretion at an additional charge to ensure the safest environment for your pet while under anesthesia; however, the owner or agent may also request these on a per case basis. In addition, pain medication will be prescribed by the veterinarian to manage your pet's condition at home.

Please initial the appropriate 3 lines below.

_____ 1. I give my permission for a Pre-Anesthetic Blood Profile, at additional cost. Required for all pets 8 years and older.

_____ 2. I decline the Pre Anesthetic Blood Profile.

_____ 3. I give my permission for an ECG, at additional cost.

_____ 4. I decline the ECG.

_____ 5. I give my permission for additional pain medication if deemed necessary, at additional cost.

_____ 6. I decline any additional pain medication.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Witness

Date