



Surgical Release Form

Client: _____ **Pet's Name:** _____ **Date:** _____

I, the undersigned owner or designated agent, hereby authorize the staff of Animal Clinic of Clayton, Inc. to perform the following surgical/dental/diagnostic procedure _____

I authorize anesthesia and 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 also assume full responsibility for any additional incurred expenses after surgery (follow up radiographs, re-check physical exams, and additional surgery due to failure to comply with the aftercare instructions) that will be performed.

(There is no additional charge for suture removal.)

A complete physical exam will be performed on your pet prior to the surgical/dental procedure, but this may not identify all systemic or metabolic problems. For this reason, we require that your pet have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia. It is possible that your pet will have already had this panel done as part of their pre-surgical physical exam and therefore not be repeated. We also require your pet to be current on vaccinations, and for canines, heartworm testing.

Animal Clinic of Clayton Pain Management Philosophy:

Our clinic strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and post-operative recovery. Additionally, analgesics may be prescribed for use at home.

Other Procedures:

HomeAgain Microchip

Current medication/other instructions: _____

Owner/Agent's Signature: _____ **Date:** _____

Emergency Contact/Phone Number: _____