



VETERINARY SURGICAL SOLUTIONS



Roman S. Savicky, DVM
Diplomate, American College of Veterinary Surgeons – Small Animal

General Surgery: Owner Surgical Release/Consent Form

Owner: _____ Patient: _____

Phone Number (day of procedure): _____ Email: _____

Referring Hospital: _____

Referring Veterinarian: _____

Surgery Date: _____

Surgical Procedure (MUST INCLUDE SIDE/LIMB if applicable): _____

IF YOU ARE UNSURE WHICH PROCEDURE YOUR PET IS HAVING, PLEASE CHECK WITH YOUR PRIMARY CARE VETERINARY CLINIC TO ENSURE THE CORRECT PROCEDURE IS LISTED AND DETAILS ABOUT THE SURGERY ARE AVAILABLE. ALTERNATIVELY, YOU CAN CONTACT OUR OFFICE AT (602) 321-1944 AND WE CAN PROVIDE YOU WITH THE PROCEDURE YOUR PET IS SCHEDULED TO HAVE WITH US AT YOUR VETERINARY CLINIC.

I have read and understand.

I have been advised by my primary care veterinarian as to the nature of the procedure above including potential complications and risks thereof. I authorize ROMAN S. SAVICKY, DVM, DACVS-SA, a representative of PEAK Veterinary Surgical Solutions, LLC (hereinafter "PEAK"), to perform this procedure. Anesthesia planning, review of diagnostics, anesthesia administration, and anesthesia monitoring will be performed by your primary care veterinary hospital and staff. Anesthesia services are also provided by PEAK and your primary care veterinarian may elect this service. I understand that either the above hospital/clinic (with the assistance of PEAK personnel when needed) or PEAK, if elected by your primary care veterinarian, will be using appropriate sedatives and/or anesthetics and medications needed to perform this procedure. **If your primary care veterinary hospital elects to be responsible for anesthesia, I understand that the above hospital/clinic will be responsible for providing and performing a preoperative/preanesthetic examination of my pet in addition to monitoring, premedication, induction, anesthesia, and recovery of my pet.** I understand no guarantee or warranty can be made as to the outcome of the procedure.

I have read and understand the above statement, associated risks, party responsible for anesthesia and my pet's exam, and lack of guarantee/warranty. Furthermore, I authorize Dr. Roman Savicky and PEAK to perform the above procedure.

Anesthetic Risks: Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, I understand that anesthesia has inherent risks. The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet but on rare occasions the following can occur: **1) Allergic reaction to the anesthetic agents 2) Heart rhythm abnormalities 3) Reactions to the anesthetics, gas, and other medications including drops in blood pressure or respiratory difficulties 4) Strokes or vascular events 5) Just like in humans, on very rare occasions, general anesthesia can even result in death.**

I have read and understand the risks.

Surgical Risks Include: **1) Infection** which may require additional testing and medication at an additional cost **2) Blood clots** that can lodge in major organs causing stroke or rarely death **3) Nerve injury** which can be temporary or permanent (very rare) **4) Arthritis** in future months necessitating additional surgery at an additional cost **5) Breakdown of the repair, migration of implants, or rejection of implants** necessitating revision surgery or surgery to remove implants at an additional cost.

I have read and understand the risks.

Regional/Local Anesthetic: PEAK believes in providing cutting-edge and advanced medicine to our patients, this includes proper pain control. For certain cases and procedures that are more painful (fracture repair, patella luxation, TPLO/extracapsular repair, etc), PEAK will provide regional/local anesthetics for additional pain control. The regional/local anesthetic will temporarily “numb” the nerves to the area that surgery is being performed on. This will dramatically decrease pain during and after surgery as well as decrease the need for higher doses of gas anesthesia making it safer for your pet. PEAK will perform this additional procedure using specialized instrumentation. Although extremely safe, potential risks are, but not limited to: **1) Nerve damage, temporary or permanent (very rare) 2) Hemorrhage 3) Drug reactions that can be fatal.**

I have read and understand the risks.

Education Release: To better community education and outreach, PEAK occasionally will feature patients on its social media pages (Facebook, Instagram, YouTube...) and in publications (print or online). I grant PEAK and its associates the right to use, reuse, and publish for commercial or non-commercial purposes the image, video, pet name (**owner name will not be used**), or likeness of the above-named animal.

YES - I consent to using my pet on social media or website.

NO - I do not consent to using my pet on social media or website.

A cancellation fee of \$600 will be charged if the procedure is cancelled or rescheduled within 48 hours (not to include Friday, Saturday, or Sunday as PEAK is closed on these days) of the scheduled surgery date.

I have read and acknowledge the cancellation fee.

Emergency Situations: In the unexpected event that your pet should experience cardiac or respiratory arrest (heart stops beating or stops breathing) during hospitalization, we need to know your wishes regarding resuscitation so we can act appropriately. For the best outcome, CPR must be started immediately (before calling you). With either choice, the doctor will call ASAP.

I wish to have CPR performed on my pet (may include oxygen, fluids, chest compression, resuscitation drugs, breathing tube and assisted breathing, open heart massage) which could incur additional charges of \$400-\$1000.

I elect to have a DNR order for my pet. I DO NOT wish for any resuscitation measures or therapeutic interventions be made should my pet pass away unexpectedly.

I authorize and understand by verbal consent and written consent the above information.

I authorize and consent.

Client Signature: _____ **Date:** _____

****THIS FORM MUST BE COMPLETED, SIGNED, & EMAILED (info@pvssaz.com) NO LATER THAN 48HRS PRIOR TO SURGERY, OR SURGERY WILL NEED TO BE RESCHEDULED****

****If you do not have access to a PDF viewer, you can either 1) Print this form, FULLY complete/sign, scan, and email or 2) Use your programs “draw” feature to sign and then email****