



Morro Bay Veterinary Clinic

(805) 772-4411 385 Quintana Road, Morro Bay, CA 93442

Surgical/Anesthesia Release Authorization

Date of Procedure: *(Required)* _____

Name of Pet, Breed, Sex: *(Required)* _____

Procedure(s) to be performed: *(Required)* _____

Has your pet been fasted overnight? *(Required)*

- ☐ Yes Time of last meal/water _____
- ☐ No

List of current medications and when last dose given: *(Required)* _____

Any Coughing, Sneezing, Vomiting, Diarrhea or other unusual symptoms in the past few days? *(Required)*

- ☐ Yes, note symptom/Duration _____
- ☐ No

In case of any updates, emergency and/or prior to additional procedures needed, you will be contacted by telephone.

The phone number(s) where you can be reached today:

Phone 1: *(Required)* _____ **Phone 2:** _____

Owner's Date of Birth: *(Required)* _____

*required by the DEA for certain medications given to pets

List Name(s) of any other person authorized to make medical decisions or receive updates:

I, _____ *(Print Name)* am the authorized owner of the above pet, and understand that the doctors and staff of Morro Bay Veterinary Clinic will use all reasonable precaution against injury, escape, or death of my pet. I further understand that conditions may arise during this surgical/anesthetic procedure whereby an additional procedure(s) may need to be performed. I authorize my veterinarian to do what he/she feels is needed and necessary for the benefit of my pet. I understand that anesthesia and surgery have inherent risks and complications including but not limited to infection, cardiac arrest, and death. I understand and I assume all risks involved with this surgery/anesthesia. I will not hold the doctor and/or staff responsible under any circumstances for any adverse outcome. I also acknowledge that no guarantee has been made as to the result or cure. Your pet's health is of utmost priority to our dedicated staff, and we take all possible precautions to ensure their safety and comfort. Although rare, unexpected complications with general anesthesia can occur.

- **IV Catheter:** Most anesthetic procedures require an IV catheter. Your pet will have a portion of their leg(s) shaved to allow an intravenous (IV) catheter to be placed. This provides immediate access to your pet's circulatory system for rapid administration of drugs should an emergency situation arise. Your pet may also be administered intravenous fluids to help maintain normal blood pressure, protect vital organs, and maintain proper hydration.
- **Continuous monitoring while under anesthesia:** Your pet's vital signs will be continuously monitored while under anesthesia to allow the veterinary team to provide the best care to your pet. These include, ECG, blood pressure, oxygen saturation and body temperature readings to
- **Pain Control:** Pets undergoing surgery will receive pain medications while at the clinic. Postoperative pain management is a concern for all surgical procedures and most procedures merit at-home oral medication for several days after surgery and will be dispensed at the veterinarian's discretion.
- **Flea treatment:** For the health and safety of all of our hospitalized pets, all pets staying at our facility must be free of fleas. If fleas or evidence of fleas are found on your pet, an oral rapid-acting flea treatment will be administered (Capstar) at the owner's cost.

Pre-Anesthetic Blood Testing

Any pet over the age of 6 years old undergoing anesthesia at Morro Bay Veterinary Clinic is required to have had a basic blood check within 2 months of anesthesia. We always recommend pre-anesthetic blood testing for all other patients. This may reveal underlying kidney, liver, and other internal organ problems which may allow us to delay the procedure until the issue is resolved, or adapt the anesthetic regimen to the underlying condition.

- ☐ My pet is 6 years of age or older and is undergoing anesthesia (blood work required).
- ☐ Blood work was performed within the last two months (date) _____.
- ☐ Yes, I authorize a pre-anesthetic blood screen for an additional cost of \$95.00.
- ☐ I would also like to add a heartworm/tick-borne disease (4DX) screen (dogs, \$47), or FeLV/FIV test (cats, \$65).
- ☐ No, I decline this blood screen and assume all risks for complications that arise

Elective procedures offered. Check the box for services that you would like performed. *(Required)*

Laser Therapy: Laser therapy can be performed post-operatively to speed healing and decrease inflammation and pain. Laser therapy is a great additional tool for spays, neuters, dental procedures, and orthopedic procedures. It is not, however, recommended for mass removal sites as it may contribute to regrowth of tumors.

***Laser therapy is an included service for all patients requiring/receiving dental extractions.**

- ☐ Yes, I would like my pet to receive a laser therapy treatment for \$18.00
- ☐ No, I decline this service.
- ☐ My patient is requiring/receiving dental extractions and I am aware this is an included therapy.

Elizabethan collars/Recovery Suit: We recommended these with most surgeries. Collars/recovery suits dramatically reduce the risk of your pet removing bandages and sutures that may result in additional surgery/cost to you.

- ☐ I would like to take home an inflatable e-collar for \$21.00
- ☐ I would like to take home a hard e-collar for \$15.00
- ☐ I would like to take home a recovery suit for \$25.00 (recovery suits may not fully protect patients from licking/chewing and may require both a suit and collar).
- ☐ I have an e-collar and/or recovery suit at home and do not need either today.

Sedatives: Many surgeries may require strict rest to allow incision sites to heal. We are happy to send home medications to facilitate rest and recovery.

- ☐ Yes, my pet would benefit from sedatives being sent home. *(Charge varies by medication)*

☐ I decline sedatives at this time.

Nail Trim: *(No charge with anesthetic procedures)*

- ☐ Yes, trim my pet's nails while under anesthesia.
☐ No, I decline this service.

Microchip Implantation: While patients are asleep is the perfect time to implant a microchip! Microchips are placed under the skin and allow pets to be identified in the event that they are found separated from their owner.

- ☐ Yes, I would like a microchip placed under my pet's skin for \$50.00.
☐ No, I decline this service.

Surgical Tattoo for patients being spayed/neutered: A surgical tattoo is a small colored line/dot that will be placed on your pet's inguinal area to reflect that he/she has been spayed/neutered, this is provided at no charge at the time of surgery. You may opt out, however we highly recommend it. In the event your pet were to escape or become lost, a shelter (or vet hospital) would search for that tattoo to determine if your pet has been spayed/neutered.

- ☐ I understand this service is included for all spay and neuters at no charge.
☐ No, I do not want my pet tattooed.

Payment Due

I understand that payment is due at the time of service rendered. I understand that as the owner or agent, I am financially responsible for all charges relating to this pet. I have read and agreed to this treatment authorization and have agreed to the financial obligations.

(Required) I understand _____ (initial)

Surgical/Anesthetic Consent Waiver:

The nature of the procedure and the potential risks have been explained to me and I understand the procedure(s) to be performed. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) are initiated. My signature on this consent form indicates that any and all of my questions have been answered to my satisfaction.

(Required) I understand _____ (initial)

I hereby request Morro Bay Veterinary Clinic to anesthetize and surgically operate on my pet. While Morro Bay Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to minimize any risks. I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

Notwithstanding the risk, I request the surgery and waive any and all claims of damage against Morro Bay Veterinary Clinic, its officers and employees, in the event of injury or death of my animal.

(Required) I understand _____ (initial)

Signature of owner or responsible agent: *(Required)* _____

Print Name _____

Date (MM/DD/YY) _____ (Must be 18 years of age or older)