



Blue Cross Veterinary Hospital Anesthesia, Surgical and Medical Release

Client Name: _____ Date: _____

Pet's Name: _____ Procedure(s): _____

I have been informed that there are certain risks and complications associated with any operation or procedure of this type. The nature and risks of this procedure have been explained to me. I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate an extension of the foregoing procedure or the performance of additional procedures to those set forth above. I hereby consent to performance of such procedures as are deemed necessary by the veterinarian. Overnight stays are subject to the doctor's discretion. I also understand that no guarantee of successful treatment can be made at any time. _____ (initial)

I also authorize the use of appropriate anesthetics as needed before and after the procedure, and I understand that hospital personnel will be used as deemed necessary by the veterinarian. _____ (initial)

NEUTER: I understand that if my pet is having a neuter procedure and has a retained testicle (cryptorchid), there will be additional charges. _____ (initial)

SPAY: I understand that if my pet is having an ovariohysterectomy (spay) procedure, and is in heat, pregnant or obese, there will be additional charges. _____ (initial)

DENTAL: I understand that if tooth extractions are necessary to keep my pet's mouth healthy, they will be performed at the time of the dental. Additional fees are associated with extractions (\$15-\$150 per tooth-depending on the difficulty of the extraction), local dental blocks (\$31 each- to decrease the pain of the extraction when my pet recovers from anesthesia), and additional anesthesia time (\$65.00-\$90.00 per 15 mins-depending on how long it takes to extract the tooth). _____ (initial)

I assume full financial responsibility for all charges and services incurred to the above named animal. _____ (initial)

I am owner or agent for the owner of the above-named animal and have the authority to execute this consent. I therefore consent and authorize the performance of the above procedure(s).

Signature (owner/agent) _____

Phone number where I can be reached today is _____