



**Blue Ravine Animal Hospital**  
421 Blue Ravine Road Suite 300  
Folsom, CA 95630  
(916) 984-0990

## Surgery Release Form

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### Office use only:

Client ID #: \_\_\_\_\_

Pet weight: \_\_\_\_\_ Pet temperature: \_\_\_\_\_

Medications given? \_\_\_\_\_

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**Owner's name** (First and Last): \_\_\_\_\_

**Pet information:** Pet's Name: \_\_\_\_\_

Canine    Feline   Breed: \_\_\_\_\_    Male    Female

### Surgery Consent:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Blue Ravine Animal Hospital's attending veterinarian and staff full and complete authority to perform the surgical procedure described as:

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I understand that my pet is scheduled for a procedure that requires anesthesia. I realize that any anesthetic procedure involves some risks. I understand that pre-anesthetic bloodwork does not guarantee the absence of complications. It may, however, reduce the risk of anesthesia or require changes in the anesthetic protocol by identifying certain conditions such as diabetes, liver, or kidney disease. I certify that I have notified the doctor of any pre-existing conditions, such as seizures, allergic reactions, previous anesthetic complications, etc. I do hereby forever release the said doctor, his/her agents, servants, or representatives from any and all liability arising from said surgery on said animal.

**I certify that my pet has not eaten any food or treats for at least 8 hours.**      **Initial:** \_\_\_\_\_

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### Pre-anesthetic Blood Testing Consent / Optional Laser Use Fee:

We strongly recommend that a pre-anesthetic blood screen be performed prior to anesthesia. This may help us avoid possible complications from the procedure to be performed.

We also offer use of a carbon dioxide laser for most surgeries. Carbon dioxide surgical laser produces an invisible beam of light, which heats and vaporizes tissue almost instantaneously without any physical contact. This is done so precisely that the normal surrounding tissues are hardly affected. This results in less pain, less bleeding, less swelling, and less risk of infection.

Please indicate your choice below:

- |   |             |
|---|-------------|
| <input type="checkbox"/> <b>Basic Blood Screening</b> (under 7 years of age) – includes CHEM 10, CBC, electrolytes      | <b>\$66</b> |
| <input type="checkbox"/> <b>Comprehensive blood screening</b> (7 years and older) – includes CHEM 17, CBC, electrolytes | <b>\$86</b> |
| <input type="checkbox"/> <b>Laser Use Fee</b>   | <b>\$98</b> |
| <input type="checkbox"/> <b>I decline pre-anesthetic blood screening</b>  |             |
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### **Intravenous Fluids with Pain Management**

Optional intravenous fluids aide in the elimination of anesthesia by-products in addition to keeping your pet hydrated. Pain medications are administered before surgery in most cases. In addition to standard pain management, administration of IV pain medication and/or additional pain medication relief at home are also available.

- Yes**, administer IV fluids during procedure. **\$78**
  - Yes**, administer IV fluids and IV pain medication during procedure. **\$90**
  - Yes**, dispense additional medication for pain relief at home. **\$19-50**
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### **Sedatives and / or Elizabethan Collar Request**

Upon discharge, some patients may become too active at home and hinder the recovery process. We may recommend or you may elect in advance to take sedatives and/or an e-collar home at the time of discharge. If you would like these services for your pet, please let us know.

- Yes**, dispense sedatives. **\$20-30**
  - Yes**, dispense an Elizabethan collar. **\$10-20**
  - No**, I decline sedatives and an Elizabethan collar.
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### **Treatment Consent**

In addition to today's procedure, patients occasionally require further treatment based upon the veterinarian's findings, and/or patient response to the procedure. If the hospital staff cannot reach me by phone, please do the following:

- Yes**, please treat my pet as deemed necessary by the attending veterinarians, and I will be responsible for any associated costs. I authorize a maximum of \$\_\_\_\_\_
  - No**, do not make any major changes in treatment without contacting me first.
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**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

If any questions arise, I may be reached at the following number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_