



**Blue Ravine Animal Hospital**  
**1770 Prairie City Road**  
**Folsom, CA 95630**  
**(916) 984-0990**

## Surgery Release Form

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### Office use only:

Client ID #: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Pet weight: \_\_\_\_\_ Pet temperature: \_\_\_\_\_

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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: \_\_\_\_\_  
Current medication(s) and time(s) given: \_\_\_\_\_

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### Pre-anesthetic Blood Testing Consent:

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.

Please indicate your choice below:

- Basic blood screening** (under 7 years of age) – includes CHEM 10, SDMA, CBC, electrolytes **\$88**  
 **Comprehensive blood screening** (7 years and older) – includes CHEM 17, SDMA, CBC, electrolytes **\$108**  
 **I decline pre-anesthetic blood screening**
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**Intravenous Fluids and 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. **\$74**
- Yes**, dispense additional medication for pain relief at home. **\$23-50**
- I decline IV fluid administration
- I decline additional medication for pain relief at home

**\*Please note that all patients will have an IV catheter placed (included in surgery fee). We will need to shave a small area on a front leg to ensure sterile placement. We will also need to shave a small area of a paw to allow proper blood pressure monitoring. Initials \_\_\_\_\_**

**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. **\$23-30**
- Yes**, dispense an Elizabethan collar. **\$10-20**
- No**, I decline sedatives.
- No**, I decline an Elizabethan collar.

**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.

**Dental Cleaning and/or Extractions Consent**

Dental estimates are created prior to assessing your pet under anesthesia (i.e., prior to dental radiographs). As a result of radiographs, the degree of dental disease may reveal the need for extractions.

- Yes**, please perform all required extractions as deemed necessary by the veterinarian (i.e., I do not require a phone call).
- Yes**, please perform all required extractions as deemed necessary as long as the cost doesn’t exceed the estimate. (i.e., I do not require a phone call).
- No**, do not perform any extractions without contacting me.

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

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