MT. SPOKANE VETERINARY HOSPITAL
Large Animal Surgery Release

Date: _____

OWNER'S NAME: _____ **BEST PHONE NUMBER FOR TODAY:**_____

Animal's Name: _____ **Age**: _____ **Operation/Procedure**: _____

OPERATIVE COMPLICATIONS: This authorization is given with full understanding that any operation or procedure involves some risks and hazards. These include, but are not limited to: infection, allergic reactions, nerve injury, bleeding, blood clots, and pneumonia. These risks, while rare, can be serious and possibly fatal.

ANESTHESIA: I further understand that there are always risks associated with anesthesia. Pets may respond differently to medication and anesthetic agents. Because of this and the stresses of the surgery or procedure, unexpected, allergic, and unpredictable reactions may occur under anesthesia and result in artificial ventilation, coma, or death. I consent to the use of such anesthetic agents and rescue drugs as may be considered necessary.

I further understand that not all risk factors are evident on a physical examination and that routine blood testing is recommended. This blood testing is a diagnostic procedure, which evaluates kidney, liver, red blood cell count, & white blood cell count.

Owner Release

Would you like pre-anesthetic a Complete Blood & Chemistry Profile **($176.57) (___) Yes (___) No**

The Veterinarian may opt to give post-operative pain medication.
Your initials authorize the veterinarian to do so. **X:_____**

I understand that anesthesia and surgery always involves some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the above listed phone number, you are directed to make the decision you deem best for my pet. **I have read the foregoing, understand what it says, and agree.**

Signature _____ **Date** _____