Surgical Release

Date: _____

I authorize Pfister Animal Hospital and associated doctors and assistants to perform the following surgical procedure(s)/treatment(s)_____ on my pet _____
_____

Phone # where I can be reached today _____ (home / work / cell/ text?)
Alternate Representative _____
Phone #_____ (home / work / cell?)

All animals admitted to Pfister Animal Hospital for surgery will have pre-operative bloodwork performed. This bloodwork will check kidney function and blood glucose levels and screen for anemia and low protein levels. Abnormal test results may prompt us to postpone surgery and do more comprehensive blood tests.
All surgical patients will be placed on intravenous (IV) fluids. Being on IV fluids will help keep your pet's blood pressure stable during surgery and will also help them to recover more quickly from the anesthetic drugs. Having an IV catheter in place also allows us to quickly administer medication, should an emergency situation arise during surgery.
Pain medication will be sent home with all surgical patients (except those having dental cleanings). The type and dosage of medication will vary by patient and type of surgery. Additional medications, such as antibiotics, will be sent home as needed.

The following services are also available for surgical patients. Please ask us to explain these services for you and to give you a cost estimate.

ECG: Includes initial print out and continual monitoring during procedure
I authorize _____
I do not authorize _____

Pulse Oximeter: Monitors oxygen saturation in the blood.
I authorize _____
I do not authorize _____

Please perform the following additional procedures on my pet while he/she is hospitalized:
Please initial your request below.
Nail Trim _____ Ear Cleaning _____
Vaccinate _____
Microchip _____ Other _____

I agree to pay for services at the time my animal is discharged from Pfister Animal Hospital or when service is otherwise terminated unless prior financial arrangements have been made.

_____
Client Signature