

Mason Family Pet Hospital

Canine Surgical Release Form

Owner/Agent _____

Pet's Name _____

My dog is here for the following services:

Females here for spay: Is your pet currently in heat? **YES** **NO**

If **YES**, it is up to the doctor's discretion as to whether or not the surgery will be performed.

If the spay **WILL** be done, IV Fluids are **REQUIRED**.

If **NO**, what was the date of her last heat cycle? _____

If fleas are found on your dog, they will be administered a dose of Capstar, \$15, before surgery to eliminate any possible surgical site contamination.

I hereby authorize Mason Family Pet Hospital and its designated associates, technicians, or assistants to treat, anesthetize, prescribe medication for, and perform specific diagnostic tests or surgery on my pet. I have been advised as to the nature of the procedures or operations. I realize that the results cannot be guaranteed. I understand the risks associated with these procedures and know that all reasonable precautions will be taken against injury, escape, or the death of my pet. I will not hold Mason Family Pet Hospital liable in the event of such.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow-up radiographs, bandage changes, recheck exams and additional surgery due to post-op complications. Which are more likely to occur when there is a failure to comply with the aftercare instructions.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies.

In the event of an emergency, I select the following resuscitation option:

____ I give permission for life sustaining procedures – CPR (Cardiopulmonary Resuscitation) \$75+

____ I do not give permission for life sustaining procedures – DNR (Do Not Resuscitate)

I accept full financial responsibility for the treatment of my pet and understand that payment in full is due upon release of my pet from the hospital, or when service is otherwise terminated.

I certify that I have read, fully understand, and agree to this authorization and release.

(Signature of owner or authorized agent)

(MFPH employee witness)

(Phone # where I can be reached TODAY)

Date