

**Pleasantville Animal Hospital of Fallston Surgery/Anesthesia Waiver Form**

I give the veterinarians at Pleasantville Animal Hospital of Fallston complete authority to perform the following surgical/anesthetic procedure on my pet as described below.

**Dental/Surgical Procedure:** \_\_\_\_\_

**Blood Work**

Performing a blood panel allows us to ensure that your pet's organs are functioning properly and to reveal any hidden health conditions that could put your pet at risk. To maximize anesthetic safety and minimize any risk of surgical complication to your pet, we recommend presurgical blood work

**I understand and approve** the pre-surgical blood panel \_\_\_\_\_ (initials)

**I decline** the pre-surgical blood panel: \_\_\_\_\_ (initials)

**IV Catheter**

It is recommended that all pets undergoing general anesthesia have an IV catheter placed prior to the procedure. During anesthesia, IV fluids help maintain blood pressure, vascular flow to organs and the IV catheter provides venous access for life-saving medications in the case of an emergency.

**I understand and approve** placement of the IV catheter \_\_\_\_\_ (initials)

**I decline** the placement of a IV catheter and understand the risks of this decision. \_\_\_\_\_ (initials)

**Estimate**

I have received and approve an estimate of \$\_\_\_\_\_ for the procedures performed. I further understand that I assume full responsibility for all services rendered, including those that may extend beyond the original surgical estimate, regardless of the surgical outcome, and that payment is required in full at pick-up.

In case of emergency, I understand the veterinarians will perform what treatments they deem necessary in the best interest of my pet, and permit them to do so. Pleasantville Animal Hospital of Fallston will make every attempt to contact me if such an event occurs.

**Surgical/Anesthetic Waiver**

I acknowledge that the veterinarian is not able to provide me with a guaranteed outcome for the veterinary medical treatments to be performed on my pet. I understand that there is always a risk with anesthesia, even in apparently healthy animals. I expressly agree to release Pleasantville Animal Hospital of Fallston, its agents and its representatives, from liability for any/all damages to my pet and to hold Pleasantville Animal Hospital, its agents and its representatives harmless from any and all liability (except in the case of gross negligence) associated with the above-mentioned medical/surgical procedures being performed on my pet.

Client Name \_\_\_\_\_

Pet Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number(s) where client can be reached: \_\_\_\_\_