

Ceres Veterinary Clinic
(209) 538-1911

WAIVERS & RELEASE OF RESPONSIBILITY

Contact Name & Number:

Pet's Name: _____ **Species:** _____ **Sex:** _____

Certain surgical procedures in veterinary medicine such as spays, neuters, and dental cleanings are price-shopped due to the perception that there are no differences in performance of the procedure from clinic to clinic. There are several options to lower the risks involved and increase you pet's comfort. As part of our professional and ethical obligations, we are making you aware of these options and providing you the opportunity to request or decline these services.

Pre-Anesthetic Work-up:

Accept Blood testing IV Fluids ECG X-Rays
Decline Blood testing IV Fluids other

It is our goal to decrease the risk associated with anesthesia as much as possible. The doctor will customize these recommendations based on your pet's needs. This work up will provide the best possible screening of your pet's health prior to anesthesia.

Flea Treatment (up to \$7.00):

In the event that fleas or flea larve are found on you pet while at Ceres Veterinary Clinic, Capstar, a short acting flea treatment will be administered to my pet. This is to minimize the transfer of fleas to other pets in our hospital. We can discuss long term flea control options at the time of discharge.

This form is designed to help you (the Owner/Agent) understand the inherent risks of Anesthesia and Surgery. Although very rare, complications such as allergic reactions, cardiac and/or pulmonary arrest, even death can occur. These complications can occur in less than 1% of patients despite accurate anesthetic monitoring. The options offered above can greatly reduce the likelihood of these complications.

I am the owner or authorized agent for the pet presented for surgery/hospitalization and have authority to execute this consent. I have been advised of the nature of the services and procedures to be performed. You are to use all reasonable precautions against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post surgical infections) 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 that complications arise and I cannot be immediately contacted at the listed phone numbers you are directed to make the decision you deem best for my pet.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I may elect to a) pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or b) have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense. The attending veterinarian will discuss the recommended options with you before the end of the day.

Signature of Owner or Authorized Agent

Date