

Country Lane Veterinary Services Surgery Release Form
(Surgeries other than routine spay/neuter)

I am the owner or the agent for the owner of the above described animal and have the authority to execute this consent. I am over 18 years of age. I hereby authorize and direct the veterinarians of Country Lane Veterinary Services to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates for the planned procedures are approximations, and the final bill may be greater or less than these amounts. **All services must be paid when your pet is released. Some procedures require a deposit be made before surgery.**

Just like in human medicine before we undergo anesthesia, physicians require bloodwork to be done to check for any abnormalities. We recommend that pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease, and liver disease. These conditions can contribute to complications in anesthesia and surgery. Dr. McKenna requires blood work on animals over the age of eight. We recommend blood work on all pets, to make sure we are not missing anything and to be used as a baseline for the future if your pet were to get sick.

I understand and **would like my pet to have blood work** as an added method of safety.
(CBC Prep Profile \$64.48) (CBC Comp Panel \$109.33)

Accept Decline (initial Accept or Decline)

Radiographs are sometimes required before a surgery is performed. (\$72.18 for 1st radiograph, \$46.70 for each additional radiograph)

Accept Decline (initial Accept or Decline)

Histopathology: We offer to send sample out for analysis. (\$107.20 + \$7.98 mailing fee)

Accept Decline (initial Accept or Decline)

I understand and agree to the above terms and acknowledge this authorization and consent.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____

Second or Emergency Contact: _____

Very Important: It is **required** that you leave a phone number where you may be contacted at **all times** on the day of this procedure in case of an emergency or if additional information or consent is necessary.