Creature Comforts
Veterinary Service
Alternative Medicine 🐾 House Calls 🐾 Office Calls
"Care for your Creatures under your roof or ours!"

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Creature Comforts, LLC Client Anesthesia/Surgery Release Form

<date>
Client Name: <first-name> <client>   Phone:<phone>
Address: <address>   Cell: <cell-phone>
City, State, Zip<city>, <st> <zip>   Email: <e-mail>

Patient Info: #<animal>" <age-name> <species> <sex-name> <color>   Weight <weight>#

I am the owner or agents of the above animal and have the authority to execute this document. I hereby authorize agents of Creature Comforts, LLC to perform on animal listed above, the following **procedures or treatments**:

I accept/decline the following:
- ☐ / ☐ Spay (includes surgery, anesthesia and physical exam)
- ☐ / ☐ Neuter (includes surgery, anesthesia and physical exam)
- ☐ / ☐ Declaw Front 2 Paws
- ☐ / ☐ Lump Mass – Biopsy or Removal
- ☐ / ☐ Distemper 4 way
- ☐ / ☐ Rabies Vaccination
- ☐ / ☐ Heartworm test with Lymes Screen (dogs only)
- ☐ / ☐ Feline Leukemia Virus and FIV Test (cats only)
- ☐ / ☐ **Feline proBNP (cats only) (required in geriatric cats)**
- ☐ / ☐ Pre Surgical Blood work (CBC and Chem 10)   (recommended for animals under 2 yrs)
- ☐ / ☐ Pre Surgical Blood work (CBC and Chem 17) (recommended for animals between 2-4 yrs)
- ☐ / ☐ Pre Surgical Blood work (CBC and Chem 17, Lytes and UA) (animals over 4 yrs)
- ☐ / ☐ Microchip Implantation
- ☐ / ☐ Other:_____
- ☐ / ☐ Other:_____

Initial After Reading the following:
_____Pain Medication – do you prefer **herbal** or **drug**?

I certify that this animal has:
_____   **NOT** been acting ill (no vomiting, diarrhea, coughing or sneezing, etc) and has **NOT** bit a person or other animal in the past month.

_____I OPT FOR THE VETERINARIAN TO CALL ME PRIOR TO DOING ANY SERVICES THAT IS NOT ACCEPTED IN THE LIST OF PROCEDURES LISTED ABOVE.

Continued on next page➔

_____   I understand all of the following:
1. Heartworm Testing is recommended prior to surgery in dogs over 6 months
2. Dogs and Cats -it is recommended to be vaccinated against distemper combo
3. I understand that it is state law that all dogs and cats be vaccinated to prevent rabies.
4. Pre-Surgical Blood work is required prior to surgery
5. Post Operative care by owners/fosters must be handled appropriately to avoid complications.
6. All post-operative complications will be at pet owner's expense and is not the responsibility of Creature Comforts, LLC.
7. I understand that the administration of sedative and anesthetic has inherent risks, including death, and I hereby release Creature Comforts, LLC from any and all liability.

I am the owner or agents of the above animal and have the authority to execute this document
The nature and purpose of these procedures and treatments, the associated major risk and available alternative treatments have been explained to me. I acknowledge that no guarantee has been made as to results that may be obtained. I understand that complications may arise which cannot be predicted. I understand that I will be financially responsible for any veterinary medical care necessitated by complications. I hereby release Creature Comforts from any and all liability. I consent to the administration of sedative and anesthetic as deemed appropriate by the veterinarian in charge. I understand that the surgeries performed today are not being performed by a board-certified veterinary surgeon.

If unforeseen conditions arise which, in judgment of the attending veterinarian, call for the procedures of treatments other than those now being authorized, I authorize such procedures or treatments.

I understand that if complications arise post-operatively and emergency care is needed, I may need to rush my animal into an emergency veterinary clinic for such care, at my own expense. I understand that Creature Comforts, LLC is not a veterinary emergency care clinic.

Signed: _____Date: _____

\<first-name\> \<last-name\>

Phone Number Available at TODAY_____
<div align="center">NUMBER TO CALL IN REGARDS TO SURGERY TODAY</div>

Witness: _____

Discharge Instructions-POST OP

     I have received, read and understand the information on the Surgery Discharge Sheet. All questions that I had have been answered. Signed_____Date:_____