

Surgical Consent Form

Red Rock Veterinary Health is honored to be trusted to care for your pet and we aim to provide excellent veterinary care. This Surgical Release Form serves as an agreement between us and provides information relevant to your pet's care.

Procedure Details:

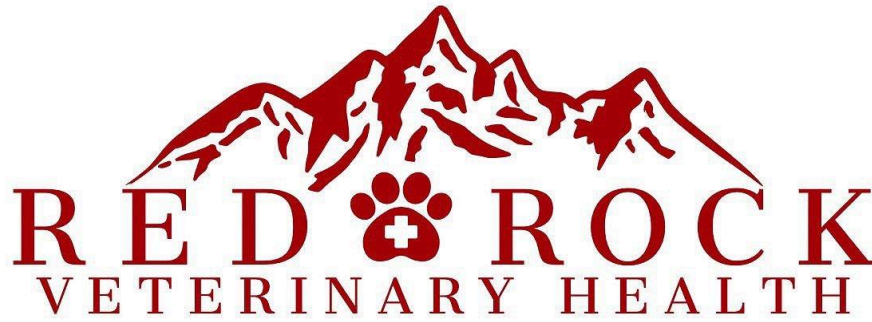
- **Scheduled Date:** _____
- **Procedure(s) to be performed:** _____

Pre-Surgical Requirements:

- **Vaccinations:** All pets must be current on the following vaccinations (unless otherwise medically indicated):
 - **Dogs:** Rabies, DHLPP, Bordetella
 - **Cats:** Rabies, FVRCP
- **Parasite Control:** Pets must be free of external and internal parasites. If parasites are found, treatment will be administered at the owner's expense.
- **Pre-anesthetic Labwork:** All pets undergoing general anesthesia at Red Rock Veterinary Health require pre-anesthetic labwork within 90 days of the scheduled procedure. If your pet hasn't then we may perform baseline labwork, which may incur additional costs. We will discuss this with you should we need to.
Pre-anesthetic labwork provides us with information to help minimize anesthetic & surgical risks, and also allows us to comply with AAHA certification.

Anesthesia and Surgical Authorization: I, the undersigned owner or authorized agent of the pet identified above, authorize the veterinarians at Red Rock Veterinary Health to perform the above-described procedure(s). I understand that:

- The procedure(s) involve the use of anesthesia, which carries inherent risks, including but not limited to allergic reactions, organ dysfunction, or, in rare cases, death.
- Pre-surgical blood work (if not already performed) and physical examination will be conducted to assess and minimize these risks.
- Sterile techniques and advanced continuous anesthetic monitoring will be employed throughout the procedure.



Pain Management and Additional Services:

- Appropriate pain management will be provided before, during, and after the procedure.
- I acknowledge or consent to additional or rescue pain medication that is being prescribed at the recommendation of my pet's veterinarian and may incur additional costs.
- While under anesthesia, I authorize the following additional services (select all that apply):
 - ☐ Microchipping (additional costs)
 - ☐ Dental Cleaning (additional costs)
 - ☐ Ear Cleaning (free)
 - ☐ Nail Trim (free)
 - ☐ Other: _____

Unforeseen Conditions: In the event that unforeseen conditions arise during the procedure, I authorize the attending veterinarian to perform any additional diagnostics, treatments, or surgical procedures deemed necessary for the well-being of my pet. I understand that efforts will be made to contact me; however, if I cannot be reached promptly, I consent to the necessary medical interventions and their associated costs.

Overnight Care: I acknowledge that my pet may require overnight hospitalization due to anesthetic or surgical concerns. Red Rock Veterinary Health may recommend transfer to a 24-hour facility, which will include additional costs.

Financial Responsibility: I accept financial responsibility for all services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. I understand that a treatment plan has been provided to me, and I have had the opportunity to discuss and approve the estimated costs. **Red Rock Veterinary Health agrees to discuss any deviations from the aforementioned treatment plan before holding you financially responsible.**

Acknowledgment: I have read and fully understand this consent form. All questions and concerns have been addressed to my satisfaction. I acknowledge that no guarantee or warranty has been made regarding the outcome of the procedure(s).

Owner/Agent Signature: _____ **Date:** _____