



Pineda Landings 6395 N Wickham Rd. Ste. 103-104
Melbourne, FL 32940 Phone: 321-422-6900

Anesthesia Release and Surgery Consent Form



Date: _____ Procedure(s): _____

Owner Name: _____ Patient Name: _____

Today's Contact Information:

Primary Number: _____ Name (if other than owner): _____

If mobile phone, do you prefer text communication? Yes No

Secondary Number: _____ Name (if other than owner): _____

If mobile phone, do you prefer text communication? Yes No

I consent to the administration of anesthesia and to all procedures as described to me by the doctor(s) and staff.

I consent to emergency treatment without my approval. The doctor(s) and staff will try our best to contact you for any additional treatment or emergencies.

I do understand that there is no staff on the premises after closing hours. Any pet not picked up before closing hours will be kept overnight and charged a boarding fee.

Every pet will receive a pre-surgical exam. If we find retained baby teeth, umbilical hernias or other abnormalities, we will call you and give you the option of having them repaired. There are additional costs for these services.

To the best of my knowledge, my pet is healthy and has no signs of illness, such as vomiting, diarrhea, coughing or sneezing, and that my pet has had no food or water since 10 pm last night.

When did your pet last eat? _____

Has your pet ever had an adverse reaction to any medications or vaccines?

No Yes If so, describe: _____

Is your pet taking any medications?

No Yes If so, describe: _____

For Dental Cleanings Only

I do, I do not consent to all extractions. I understand that extractions are at an additional cost, the price depending on how complicated they are and the number of extractions.

For Female Spays Only

I understand that there is an additional fee if my pet is lactating or in heat.

Pain medications and/or antibiotics to go home are needed often after surgical or dental procedures.

I understand that I will receive a call before pick up time for their cost.

E-Collar: We recommend all pets who have surgery to wear a cone. This helps prevent your pet from licking or chewing on the surgery site.

Yes, I would like an e-collar at an additional cost. No, I decline an e-collar.

Microchip: This can be placed at anytime, but the needle is fairly large and it is recommended to have it done when your pet is already under anesthesia.

Yes, I would like a microchip. No, I decline a microchip.

I hereby consent and authorize Rubio Pet Hospital, its doctors, agents, employees and representatives to perform the above listed procedure(s) on my pet. I also authorize them to utilize diagnostics, treatment, surgical, anesthetic, and sedative protocols as they deem necessary. I hereby certify that I am informed of possible risks and complications associated with these procedures, including death. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

I am the owner or agent of this patient and have the authority to execute this consent. I have read and fully understand this authorization for medical and/or surgical treatment. I assume financial responsibility for all charges incurred to patient, consent to release of medical information and authorize payment to: Rubio Pet Hospital.

I agree to hold Rubio Pet Hospital, its affiliates and their respective officers, directors, employees and agents **harmless** from and against any and all claims, losses, damages, suits, expenses, including attorney's fees for any complication seen or unforeseen as a result of any procedures performed and consented by said owner/agent.



Signature of Responsible Party

Date