



## General Surgical Release Form

Owner Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_ Your Veterinarian: \_\_\_\_\_

On the Spot Vet Surgeon: \_\_\_\_\_ Surgery to be Performed: \_\_\_\_\_

Please read the following surgical release form carefully. By signing at the end of this form, you are agreeing that you have read and understand the terms and conditions for your pet to be under the care of On The Spot Vet Surgeons.

**General Anesthetic Risks:** Although every effort is made to ensure anesthesia is as safe as possible, there are inherent anesthetic risks to your pet. The incidence of complications from anesthesia are extremely low and we do not anticipate any in your pet, but, on rare occasions the following may occur:

1. Allergic reaction to the anesthetic agents.
2. Heart rhythm abnormalities.
3. Untoward reactions to gas anesthesia including drops in blood pressure or respiratory difficulties.
4. On very rare occasions, general anesthesia can result in death due to unforeseen cause.

Our highly trained veterinary medical team will take every precaution to take care of your pet while in our care. We monitor your pet's vital signs diligently and utilize only the most up-to-date anesthetic agents and equipment.

**Surgical Consent to Medical Treatment and CPR Directive:** In the unlikely event that your pet will require resuscitative measures, please read the following directive, and choose one of the options for cardiopulmonary resuscitation (CPR).

During anesthesia, life threatening complications such as respiratory and/or cardiac arrest may occur, requiring medication treatment and/or CPR. If my pet stops breathing or his/her heart stops beating, I realize even the most successful CPR measures may not restore him/her to good mental and physical health.

- **Level 1:** NO CPR procedures are to be administered. DO NOT PERFORM CPR ON MY PET.
- **Level 2:** Endotracheal tube intubation, positive pressure respiration, administration of emergency drugs, external cardiac massage (chest compressions).

Print or Type your CPR choice here: \_\_\_\_\_

I accept that if the On The Spot Medical Team are unable to reach me within twenty (20) minutes after the initiation of CPR and if after administering reasonable treatment there appears to be virtually no hope for medical success, CPR will be withdrawn.

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with my primary veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including general anesthetic risk. I agree to follow post-operative instructions and restrict my pet from full activity until approved by Dr. Reynolds or my primary veterinarian. I realize that no guaranty or warranty can ethically or professionally be made regarding the results or cure of my pet.

By signing below, I authorize the surgeons and/or associates of On The Spot Veterinary Surgeons, LLC, to perform surgery on my pet. I am also aware that Dr. Reynolds is not a board certified surgeon and I understand that there are small-animal board-certified surgeons available in the area.

Pet Owner Name: \_\_\_\_\_ Pet Owner Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Post-operative go-home instructions will be e-mailed directly to you. Please provide an accurate e-mail address that you can access the day of your pet's surgery.*

**Social Media Release:** On the Spot Veterinary Surgeons LLC occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. We would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians and veterinarians.

Please choose one of the following options for social media permissions:

- Yes, On The Spot may mention your pet on social media channels.
- No, please do not share my pet's picture, video or story.

**OTS Medical Team Use only:**

Pet last meal prior to surgery?

Current medications and when last given?



# ON THE SPOT

veterinary surgery

1. Do you have an **e-collar** (cone) or Licksleeve at home for your pet?  
Type of E-collar/Licksleeve:
  
2. **Allergy Medication** (Ex: Apoquel, Cytopoint, Shampoos)
  - a. Is your pet currently taking any medications/shampoos for allergies?
  - b. Name, dosage and how often your pet is receiving this medication and/or bath?
  
3. **Antibiotic** (Ex: Cephalexin, Cefpodoxime, Simplicef)
  - a. Is your pet currently taking an antibiotic medication?
  - b. Name, dosage and how often your pet is receiving this medication?
  
  - c. What date did you start this medication?
  - d. Do you have enough medication to give as directed 2 weeks after surgery?
  
4. **Anti-inflammatory** (Ex: Rimadyl, Carprofen, Vetprofen)
  - a. Is your pet currently taking an anti-inflammatory medication?
  - b. Name, dosage and how often your pet is receiving this medication?
  
  - c. When will the last dose of this medication be given (date and specific time?)
  - d. Do you have enough medication to give as directed 2 weeks after surgery?
  
5. **Pain Management** (Ex: Gabapentin, Tramadol, T-Relief)
  - a. Is your pet currently taking any pain management medications?
  - b. Name, dosage and how often your pet is receiving this medication?
  
  - c. Do you have enough medication to give as directed 2 weeks after surgery?
  
6. **Anti-anxiety/Sedative** (Ex: Trazodone, Acepromazine)
  - a. Is your pet currently taking any anti-anxiety/sedative medications?
  - b. Name, dosage and how often your pet is receiving this medication?
  
  - c. Do you have enough medication to give as directed 2 weeks after surgery?
  
7. **Additional medications and supplements:**