

**West Coast Veterinary Clinic  
Surgical Release Form**

Client Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Pet Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Procedure(s) \_\_\_\_\_

Did your pet have anything to eat this morning? \_\_\_\_\_

Does your pet have any medical issues we should be aware of ?  
\_\_\_\_\_

Is your pet currently on any medication?  
\_\_\_\_\_

Due to the risks that are present when undergoing anesthesia we advise a pre-surgical blood screen be run prior to surgery to detect conditions that may not be obvious clinically, but could affect your pet while under general anesthetic. Cost is \$54.00

\_\_\_\_ Yes I authorize the pre-surgical blood screen.

\_\_\_\_ No I decline the pre-surgical blood screen.

Do you authorize the implantation of a microchip? Special with surgery \$40.00 (includes registration). Yes \_\_\_\_ No \_\_\_\_ Already Chipped \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner or agent of \_\_\_\_\_.

I authorize Dr. Eric Molina, and the staff of West Coast Veterinary Clinic complete authority to perform procedures including, anesthesia, surgery, diagnostics, dentistry (including extractions), and any additional diagnostic procedure, or treatment that are needed to promote the patients wellbeing, and or help with their medical conditions. I understand that Dr. Molina and his staff will use all expected precautions against injury, escape or death of my pet. I also understand that all sedation/anesthesia involves some risk and in rare cases death.

I release Dr. Eric Molina, and his staff, and West Coast Veterinary Clinic from any and all liability arising from said anesthesia, surgery or procedure involving \_\_\_\_\_.

Print your name \_\_\_\_\_

Signature \_\_\_\_\_

Date