

**SURGERY AND/OR TREATMENT RELEASE**

I have the authority and I authorize the treatment/surgery for my pet, \_\_\_\_\_ and I am aware of the following:

1. I have been informed that there are certain risks and complications with any treatment or surgical procedure up to and including death. The doctors and staff at KAC/KEC will do everything in their power to minimize the risks (physical exam, lab work, ECG, radiographs). I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures, tests, and or radiographs.
2. I have received a **WRITTEN** estimate of the costs involved. **IT IS ONLY AN ESTIMATE**. If further treatment or surgery becomes necessary, the cost will change. I may get an update at any time by calling the office between 8am and 6pm.
3. The full amount of the estimate of the bill is required before treatment begins, and there may be an additional balance due when the pet is released.
4. There is no payment plan available through the clinic but we do accept checks, credit cards or cash.
5. Surgical procedures can be painful. We make every effort to keep your pet comfortable before, during, and after surgery. We will administer pain medication to keep him/her out of pain.
6. Pre-surgical blood work is done to determine if your pet is healthy enough to under go general anesthesia.
7. IV fluids are given when general anesthesia is required to keep the blood flow to the kidneys normal.

**If the case of an emergency and no one can be reached, I authorize Knowles Animal Clinic to do whatever is necessary to help my pet (please check one)**

YES  NO  \_\_\_\_\_

**GET AUTHORIZATION BEFORE PROCEEDING**  \_\_\_\_\_

TYPE OF SURGERY/TREATMENT AUTHORIZED: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work#: \_\_\_\_\_ Other#: \_\_\_\_\_

In case of emergency and I cannot be reached please contact: \_\_\_\_\_

Phone#: \_\_\_\_\_