Surgical Release Form for Bone Biopsy

Owner	Patient:	Date:
Referring Hospital:	Ve	eterinarian:
Surgery to be performed:		
he aforementioned surgery and understand that there are risks	d the importance of pre-surg s and hazards involved with	S) to perform surgery on my pet. I have discussed ical blood testing with the referring veterinarian. the recommended surgical procedure, including ethically or professionally be made regarding the
esion. The surgeon will carefu affected region during the proc	Ily examine the entire regio edure. It is important to ide ns. There are some instance	a a biopsy surgery to determine the cause of this in for any abnormalities and take a biopsy of the ntify the cause of the lesion to further direct your es when biopsy of the affected region does not
After fully discussing the planr please sign the consent for surg	O A	associated risks with your doctor or the surgeon,
Surgical Risks and Most Comm	non Complication include:	
additional cost.Pathologic fracture at the	•	nay require additional testing and medication at an non-diagnostic.
Strict adherence to post-surgic complications and serious prob		your pet will minimize these potential in most cases.
Date Pet O	wner/Agent Signature	Phone I Can Be Reached at Today