



Lone Star Veterinary Surgical Services

Surgical Solutions for Your Loved Pets

Surgical Release Form

Owner: _____ Patient: _____ Date: _____

Referring Hospital: _____ Veterinarian: _____

Surgery to be performed: _____

I authorize Lone Star Veterinary Surgical Services (LSVSS) to perform surgery on my pet. I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure. After fully discussing the planned surgical procedure and associated risks with your doctor or the surgeon, please sign the consent for surgery below:

Surgical Risks and Most Common Complication include:

1. Infection (less than 2%) which may require additional testing and medication at an additional cost.
2. Bruising and edema postoperatively.
3. Pet chewing sutures out- please make sure your pet wears his/her E-collar at all times for the first 2-3 weeks

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications.

Date

Pet Owner/Agent Signature

Phone I Can Be Reached at Today