

**TRINITY PET HOSPITAL**  
**Surgery Release Form**



Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Phone(s): ( ) \_\_\_\_\_

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Color \_\_\_\_\_

Main Reason for Admittance:  
\_\_\_\_\_

I hereby authorize and direct the veterinarians of Trinity Pet Hospital, Inc. to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. All Services Must Be Paid For When Your Pet Is Released.

We require that pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery.

We require intravenous fluids during the surgery to maintain blood pressure and ensure your pet's post-surgery comfort.

I understand and agree to the above terms and acknowledge that blood work will be done and fluids will be administered.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s) where you can be reached \_\_\_\_\_

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