

SURGICAL RELEASE FORM

Owner

Name: _____ Pet: _____ Home Phone: _____

Procedure(s): _____ Work Phone: _____

PET HISTORY

- | YES | NO | |
|-----|-----|---|
| () | () | Are vaccinations current? Rabies and Distemper Combinations are required for Surgical Procedures. |
| () | () | Is your dog on heartworm prevention? |
| () | () | Has your pet been checked for intestinal worms in the last six months? |
| () | () | Any recent vomiting, coughing, or diarrhea? |
| () | () | Did your pet eat this morning? |
| () | () | Is your pet allergic to any drugs? |
| () | () | Has your pet had any illness or injury in the last 30 days? |
| () | () | Is your pet currently on any medication? |

OTHER PROCEDURES TO BE PERFORMED WHILE UNDER ANESTHESIA

- () Rabies Vaccination **REQUIRED**
- () Canine DHLPPC **REQUIRED**
- () Feline FVRCP **REQUIRED**
- () Feline Leukemia Vaccination
- () Dental
- () Fluoride Treatment
- () Stool Sample (intestinal worms)
- () Heartworm Test **REQUIRED** (dogs)
- () Nail Trim
- () Express Anal Glands
- () Clean Ears
- () Remove Skin Growth (location: _____)
- () Extract Retained Baby Teeth
- () Feline Leukemia Test
- () Microchip Identification Implant

PRE-SURGICAL BLOOD SCREEN

We recommend a pre-surgical blood screen on all animals to be anesthetized to aid in detection of problems that may not be immediately apparent. Some of these problems add to anesthetic risk and must be addressed before a surgical procedure is performed.

- () I **would** like the pre-surgical screen performed on my pet.
- () I **decline** the pre-surgical screen for my pet.

Pre-surgical Electrocardiogram

Animals may have intermittent heart irregularities. An ECG may help us to identify these and detect or avoid certain sedatives/anesthetics, that could cause complications during routine procedures.

() I **would** like an ECG performed on my pet.

() I **decline** an ECG performed on my pet

INSTRUCTIONS

Drop off your pet the day of surgery between 7:30am-8:30am.

No food or water after 8pm the night before surgery.

SURGICAL RELEASE

Thank you for bringing your pet to us for surgery. We use the safest, most up-to-date anesthetics available but this does not absolve all risk. All anesthetics carry risks ranging from post op nausea to death. While these occurrences are rare they do happen occasionally, even though protective measures are taken. Please read the following and sign below:

I consent to the administration of such anesthetics deemed necessary. I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and fully understand this **authorization** for surgical treatment. I also assume full financial responsibility for all charges incurred by the patient and **will pay all charges at the time of release of the patient.**

Signature: _____ Date: _____

If unable to keep this appointment, kindly give 48 hrs notice. Otherwise, we reserve the right to charge for time reserved.