

SURGERY RELEASE

DATE: _____
OWNER'S NAME: _____
NAME OF PET: _____
SPECIES: _____ BREED: _____ SEX: _____ AGE _____

PET HISTORY

- | | | |
|-----|-----|---|
| YES | NO | |
| () | () | Is your pet current on all vaccines? |
| () | () | Is the Dog or Cat on Heartworm Preventive? |
| () | () | Has the Pet been checked for Intestinal Parasites in the last 6 months? |
| () | () | Any Vomiting, Coughing, or Diarrhea recently? |
| () | () | Did your Pet eat after midnight? |
| () | () | Is your Pet ALLERGIC to any Drugs? |
| () | () | Has your Pet had any Illness or Injury in the past 30 days? |

Procedure To Be Performed _____

WOULD YOU LIKE ANY OF THE FOLLOWING ELECTIVE PROCEDURES TO BE DONE AT THE SAME TIME:

- | | | |
|-----|-----|--|
| YES | NO | |
| () | () | Home Again Microchip or Tattoo for Identification (# _____) |
| () | () | Teeth Cleaning (Ultrasonic Scaling and Polishing) |
| () | () | Routine Nail Trim |
| () | () | Express Anal Glands |
| () | () | Flea Bath/Dip---This includes expressing anal glands & nail trim |
| () | () | Other: _____ |

**REQUIRED FOR ALL ANIMALS OVER 6 YEARS OLD AND STRONGLY RECOMMENDED FOR PETS UNDER 6 YEARS OLD
PRE-OPERATIVE BLOOD PANEL**

As part of our commitment to offering the safest care for your pet that we can during its visit for surgery, we will perform a physical examination prior to anesthesia. We also strongly recommend that a pre-operative blood screen be performed to insure that the risks of anesthesia to your pet's health are kept to a minimum. **This blood panel allows us to determine if there are any underlying problems that might lead to complications during or after anesthesia, problems which are not always evident on a physical exam.**

Accept () Decline ()

Lab work fees: \$59.00

PAIN MANAGEMENT

Additional pain control is an option available for your pet. Various forms of pain control are available; the cost will depend on the type of pain control administered and the weight of the pet.

- () **YES** I want my pet to receive additional pain control.
- () **NO** I do not want my pet to receive additional pain control.

I hereby authorize the use of such anesthetics as you deem advisable and performance of surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold you harmless from and against any and all liability arising out of the performance of any of the procedures listed to above.

Signature of owner or responsible person

Please list phone number where you can be reached **TODAY**: _____

Alternate person who can be reached in case of emergency:

Name Phone number