

Surgery Release

PET HISTORY: Pet's Name _____

Are Vaccinations Current? (Circle one) Yes No Update Today Staff Initial _____

Yes No

- Is your pet on heartworm prevention?
- Did your pet eat anything this morning? (This is only for pets being dropped off the day of surgery.)
- Is your pet allergic to any drugs?
- Has your pet had any illness (vomiting, diarrhea, etc...) or injury in the past 30 days?
- Does your pet have any history of seizures and/or previous anesthetic problems?
- Is you pet on any medications currently? _____

Procedure To Be Performed:

- Ovariohysterectomy (Removal of female reproductive organs)*
- Castration* (Removal of male reproductive organs)
- Onychectomy** (Removal of first phalanx of each digit including the nails)
- Dental Cleaning with or without extractions
- Other*: _____



Please mark the location of any growths or wounds that you would like us to attend to or remove on the diagram to the right.

The following tests will be performed on your pet according to his or her age to allow us to reduce anesthetic risks as much as possible:

Under Seven Years of Age	Above Seven Years of Age
Basic Blood Chemistry Complete Blood Count ECG Cost \$73.80 - \$146.20	Comprehensive Blood Chemistry Complete Blood Count Urinalysis ECG Systolic BP Cost \$146.20 - \$197.85

I understand the appropriate pre-anesthetic profile for my pet's age. Initial _____

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet and I agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results or outcome of the above procedure(s). In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. **I authorize CPR in the event of an emergency. Circle one: Yes No Initial _____**
I have read the foregoing, understand what it says, and agree.

Owner/Agent Signature _____ Date _____

Phone number where you can be reached today: _____

*Obese patients, patients that are in heat, and patients that are pregnant may be subject to an additional fee of \$42.50. All patients who are found to have fleas or ticks will be treated immediately (at an additional cost) to protect them and other animals that are under our care. We will make every attempt to contact owners prior to any additional charges being incurred.

**All patients who are being declawed will be sent home with a 10 day supply of antibiotics and pain medication (additional charges will apply).