



Surgical Release Form

Owner: _____ Date: _____

Patient Name: _____ Age: _____

Procedure(s) to be performed: _____

Please let the receptionist or technician know if there are any other procedures or problems you would like examined while your pet is sedated today

Brief History

- Recent vomiting/diarrhea? Yes ____ No ____
 - Coughing/sneezing? Yes ____ No ____
 - Has your pet ever had any seizures? Yes ____ No ____
 - Did your pet eat today? Yes ____ No ____
 - On any medication (other than Heartworm/flea) Yes ____ No ____
- If Yes, please list medications:

Pre-Surgical Blood Screen

This is a blood screening test that will be done prior to anesthesia. This enables us to detect problems we might not otherwise find on physical examination. We test liver and kidney function, as well as blood sugar levels and a check of the immune system.

Post operative Pain Medication Yes (~\$20.00) ____ No ____

All patients are given pre-operative pain medication. We offer additional take home pain medication for all surgeries. This is strongly recommended for all ovariohysterectomies, declaw procedures, and dental cleanings requiring teeth extractions.

Microchip Yes (\$40.00) ____ No ____

Nail Trim Yes (\$5.00) ____ No ____

I consent to the administration of any anesthetics deemed necessary. I grant authorization for surgical treatment of my pet, understanding that no guarantee for successful treatment is made. Animal found to have fleas will be treated before surgery at owners expense. Payment is expected at time of service.

Signature: _____ Phone # to be reached today: _____

Alternate contact person: _____ Phone number: _____