



Surgery Release

Owner's Name: _____ **Pets Name:** _____ **Date:** _____

Procedure(s) To Be Performed: (Ovariohysterectomy) (Neuter) (Declaw) (Dental Cleaning) Other: _____

PET HISTORY

Are Vaccinations Current?

<u>Cats</u>			<u>Dogs</u>		
<u>Yes</u>	<u>No</u>	<u>Update Today</u>	<u>Yes</u>	<u>No</u>	<u>Update Today</u>
<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	<input type="checkbox"/>	FVRCP	<input type="checkbox"/>	<input type="checkbox"/>	DHLPP+Parvo
			<input type="checkbox"/>	<input type="checkbox"/>	Bordetella

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet on heartworm preventative ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet been tested for heartworms in the past year ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet been checked for intestinal parasites in the last 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet allergic to any drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any illness or injury in the past 30 days? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any history of seizures and/or previous anesthetic problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Current medications? _____ |
| | | Is there anything else we should know? _____ |

Elective Procedures to Be Done At the Same Time

These are simple procedures that do not greatly increase sedation/anesthesia time and therefore can be provided without discomfort to your pet at your cost. Please initial the options for your pet.

- | | | |
|--|--|--|
| <input type="checkbox"/> Extract Deciduous Teeth | <input type="checkbox"/> Microchip Implantation and Registration | <input type="checkbox"/> Ear Cleaning |
| <input type="checkbox"/> Toe Nail Trimming | <input type="checkbox"/> Remove Rear Dewclaws | <input type="checkbox"/> Repair Umbilical Hernia |

Presurgical Screening

For the enhanced protection of our patients, we perform pre-surgical screening of all pets prior to administration of anesthetics. Please initial which level you would prefer for your pet to have today.

- Level 1-Mini Screen (Blood cell count, BUN, Creatinine, TP, ALKP)
- Level 2-Full Panel (blood cell count and full Chemistry panel)
- Level 3- Geriatric Panel (blood cell count, Chemistry Panel, T4 and Urinalysis)

Pain Management

It is proven that pain is associated with all surgical procedures. Therefore we recommend that all pets have pain medication to be given at home following surgery. The veterinarian will decide the best pain control option based on the procedures your pet receives today. These options can include but will not be limited to 3, 5 or 7 days of medication.

Owner Release

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 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 that may be obtained. 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 have read the foregoing, understand what it says, and agree.

Signature Owner/Agent: _____ **Date:** _____

Phone number where you can be reached today: _____

If you can not be reached and an immediate decision needs to be made regarding your pets care is there an individual you would like us to call? (please circle) Yes No

If yes, please list name and phone number _____