



Surgical Release Form

ID#: _____

Pet's Name : _____ Date: ____/____/____

Owner's Name : _____

Procedure

I hereby grant permission for the following procedure(s) to be performed by the admitting veterinarian or designated associates and assistants: _____

Anesthesia

I understand that anesthesia will be used on my pet and that the Doctor will perform a physical examination, lab tests and an EKG to help identify potential risks that could endanger my pet and to assess his/her ability to undergo anesthesia. Our hospital laboratory is fully equipped to perform these necessary tests and the Doctor will have the results before anesthesia is administered. For the best care and well-being of your pet, our staff has instituted an in-hospital pain management program in the form of Oral and/or injectable medication. Every effort will be made to ensure your pet's comfort while in our care.

Pre-Surgical Profile/EKG and In-Hospital Pain Management : \$166

(If bloodwork has been performed in the last 14 days, \$53 will be deducted from this fee)

Feline Tests

We recommend all kittens, newly adopted or outdoor cats be tested for deadly viral diseases like Feline Leukemia (FeLV) and Feline AIDS (FIV). These tests can be preformed when your cat's blood is drawn.

YES please test my cat for FeLV and AIDS : **\$63**

NO I do not want my cat tested.

Microchip

We offer microchip implanting while your pet is under anesthesia. It is safe, lasts the life of your pet and can enhance the chance of finding your pet should he/she become lost.

YES please implant a microchip in my pet : **\$29** (includes lifetime nationwide registration)

NO I do not want a microchip.

X-Ray

We recommend X-Ray screening for hip dysplasia in all large breed dogs at/around 6th months of age

YES please X-Ray my dog : **\$108**

NO I do not want X-Rays at this time

Laser Surgery

You have the option of using a surgical laser unit for your pet's surgery. There are supplemental fees charged for laser use that are dependant upon both the difficulty and the length of the surgical procedure.

Benefits:

1. **Less pain.** *The nerve endings are sealed*
2. **Less bleeding.** *The blood vessels are sealed*
3. **Less swelling.** *The lymphatic vessels are sealed*
4. **Lower infection rate.** *All of the above are laser sealed*

YES *please use the laser unit on my pet*

NO *I do not want the laser unit used on my pet*

Consent

If other problems requiring correction are found, what phone number would you prefer us calling to confirm?

Please call me at : () - -

If we cannot reach you by phone would you like us to continue with surgery including any new found corrections?

YES *please do what is necessary to avoid a second anesthetic procedure*

NO *do not do any work that has not been previously discussed*

Confirmation

I have correctly filled out the above form and understand that any fees which I have checked will be applied to my final bill, payment for which is expected at the time of the procedure.

X

Owner's Signature

/ /

Date

/ /

Owner's Birthday

*(Required by the CA Dept. of Justice
for prescription of certain medications)*