

Surgery Release Form

Client Name:

Client Address:

Client Phone number

Pet's Name:

Phone number you can be reached at the day of surgery: _____

Surgery to be performed: _____

PLEASE READ THE FOLLOWING VERY CAREFULLY
the lack of response on any service option will indicate that service is to be performed

If your pet is admitted to the hospital with fleas, the staff will treat your pet with a monthly topical flea preventative for an additional charge.

Treatments(i.e. bandages and medications), X-ray, and laboratory procedures rendered after the patient has been released from the hospital are not included in the cost of fees charged for the original episode and will be paid for as separate episodes.

Pre-Anesthetic Blood Testing - Consent Waiver

These tests are recommended on ALL pets and are HIGHLY RECOMMENDED on pets 6 years and older.

- Yes, I would like bloodwork performed
 No, I would not like the recommended bloodwork performed

Post-Operative Pain Medication

Pain medication is often given to our hospitalized patient immediately following a surgical procedure. While many pets exhibit minimal discomfort following surgery, we find that additional pain medication in the days following surgery can often be beneficial in the recovery process. The strength and duration of the medication will vary depending upon the procedure and our assessment of the individual's needs.

Additional Services

Microchip

Microchipping is the latest form of permanent identification and is done by injecting the chip with a syringe. A large needle is needed, but the procedure is painless and convenient under general anesthesia.

Microchip Yes **No**

Topical Fluoride Treatment for Teeth

Fluoride treatment of your pet's teeth at the time of spaying/neutering (the pet must be at least 6 month old) can give permanent benefits from hardening of the tooth enamel and in older pets can increase resistance to tooth decay and decrease dentinal sensitivity.

Fluoride Yes No

If there are any retained baby teeth that will cause a problem in the future,

Client Signature _____ Date _____