

SURGERY RELEASE FORM

Date _____

Owner:
Case No:
Street:
City:
Phone:

Patient:
Breed:
Sex:
Age:
Color:

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give KA, his agents, servants, and/or representatives full and complete authority to perform the surgical procedure described.

_____ and to perform any other procedure that, at his discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

I also permit the said doctor to perform the recommended pre-surgical bloodwork:

BUN/Creatinine (\$19): This is recommended for elective, routine procedures on young healthy animals less than 1 year of age. This will only evaluate kidney function.

CBC/Preanesthetic Profile (\$52): This is the preferred testing for young, healthy animals for routine procedures. This evaluates kidney function, red cell count, some clotting and infection fighting parameters (i.e. white blood cells and platelets). This should be done for non-elective procedures, or animals that are 1 to 7 years old and healthy. This will evaluate liver and kidney function, glucose level, and protein level.

CBC/Profile/Electrolytes (\$86): This should be done for all animals over 7 years of age, sick or debilitated patients, and involved/non-elective procedures.

This will evaluate red cell, white cell, and platelet count, electrolytes, pancreatic function, and cholesterol level, along with everything included in the preanesthetic profile.

I decline all pre-surgical bloodwork and understand the risk in doing so.

Laser treatment (\$40): This is a non invasive method to promote healing and reduce pain after surgery.

Pain Medication (\$18, 25 or 30 dependent on weight): Please give _____ pain medication following the procedure.

Permanent Pet Identification (\$30): Please microchip _____ while sedated.

To the best of my knowledge, the said animal has not eaten in the past 8-12 hours:_____.

Signed _____

Emergency Phone Number(s) where you can be reached today:_____

***All animals admitted must be free of external parasites. Any animal found to have fleas or ticks will be treated at the owner's expense.**