

SURGERY RELEASE FORM



0-96 - 600

270.965.1600
Stephanie Call, DVM

Owner: <first-name> <last-name>
Case No: <number>
Street: <address>
City: <city>
Phone: <phone>

Patient: <animal>
Breed: <breed>
Sex: <sex-name>
Age: <age>
Color: <color>

Surgery to be performed today: _____

BLOOD WORK

Are you interested in pre-surgical bloodwork today? Pre-surgical bloodwork is advised for all animals, however, heavily recommended for any animal over seven years of age. This bloodwork will test liver function, kidney function and CBC.

DOGS

Does your dog need any vaccines today?

DHPP? _____

Rabies? _____

Intranasal Bordetella (kennel cough vaccine) _____

Do you want your dog microchipped today for permanent identification? _____

We also recommend heartworm testing dogs and starting monthly heartworm prevention. Dogs can be infected with heartworms by mosquitoes. Would you like a heartworm test performed on your dog today? _____

Do you want your dog checked for intestinal parasites today? _____

Any concerns you would like addressed today while your dog is at the clinic? _____

Retained baby teeth can cause problems with adult teeth. All baby teeth should be gone by age 6 months. Do we have permission to remove any retained baby teeth in your dog today? (charge is \$8.00)

CATS

We recommend testing all new cats and kittens for FELV/FIV. These are viral infections kittens can obtain from their mother or from other cats. Do you want your kitten/cat tested for FELV/FIV today? _____

Rabies vaccine? _____ HCP/FELV? _____

Do you want your cat tested for intestinal parasites today? _____

Retained baby teeth can cause problems with adult teeth. All baby teeth should be gone by age 6 months. Do we have permission to remove any retained baby teeth in your cat today? (charge is \$8.00) _____

Do you have a cat carrier? If not, a cardboard carrier will be provided for an additional \$5.00. Cats coming out of anesthesia can be a little skittish, and the carrier prevents any possible escape

Microchip for permanent identification? YES/NO _____ If Yes Alternate:
Contact Name: _____ Phone: _____
Email: _____

Do you have any concerns you would like addressed while your cat is at the clinic today?
*****Your pet is going to be tattooed for easy identification of spay/neuter _____

*****Post Op Pain Management- All animals receive pain injection before surgery, this injection will last 6 hours. We recommend your animal receive a post-surgery pain injection and be sent home with pain medications as well. This is an additional cost of \$20.00. Do you want your animal to receive the additional pain medication? Yes No

*******Parasite Policy** – If your animal has fleas, it will have to be treated in order to prevent break in sterility at surgery site as well as infesting other patients. This cost will be your responsibility.

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 Stephanie Call, DVM and her staff complete authority to perform the surgical procedures and authorized procedures above.

I do hereby and by the presents forever release the said Doctor and her staff from any and all liability arising from said surgery on said animal.

Signed _____

Contact number we may reach you at today: _____