SURGICAL RELEASE FORM

OWNER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BREED\_\_\_\_\_\_\_\_\_AGE\_\_\_

LAST MEDICATION/TIME:\_\_\_\_\_\_\_\_LAST MEAL\_\_\_\_\_\_\_\_\_\_\_PROCEDURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the owner or agent of the above named pet and authorize the above procedures or surgical treatment. I authorize the use of appropriate anesthetics, diagnostic procedures or treatment procedures deemed necessary for the safety of my pet. I realize that administration of anesthetics, drugs, surgical procedures and treatment procedures carry a small, but realistic possibility of side effects, complications, and even death. I recognize the nature of the procedures that will be performed and the possibility of risks. I acknowledge that no guarantee or assurance has been made as to the results of the above procedures. For the female dogs undergoing ovariohysterectomy that *are in heat, pregnant, or have recently been nursing*, there will be an additional charge. Male dogs who are being neutered and are *cryptorchid* will also incur a fee.

**SAFETY AND COMFORT PACKAGES:**

Pre-anesthetic, Pre-Heartworm Treatment Blood Chemistry Panel

**ALL PETS MUST HAVE HCT (DEHYDRATION CHECK) & AZO STICK (KIDNEY FXN) MIN PRIOR TO ANESTHESIA $20.00**

\_\_\_I agree or \_\_\_I decline to have other blood tests performed before heartworm treatment, surgery, or dental services to help identify any underlying problems and establish medical laboratory values that will benefit my pet now and in the future. The type of test used may depend on the length of surgery, age, or health of your pet.- $65\_\_\_**Pre-Anesthetic Panel** (electrolytes, hemoglobin, pcv, kidney and liver enzymes, total protein, and glucose)-$100\_\_\_**General Health Profile**, recommended for elderly or sick patients (electrolytes, pancreatic enzymes, glucose, total protein, globulins, kidney enzymes, liver enzymes, hemoglobin, hematocrit)

IV Catheter and Fluids

\_\_\_I agree or \_\_\_I decline the use of an intravenous catheter and fluids during anesthesia. The catheter and fluids would prevent the normal drop in blood pressure due to anesthesia, thus preventing organ damage, as well as, allowing access to a vein for medications as needed during anesthesia; especially if any complications arise. $40.

Post-Surgical Pain Medication

\_\_\_I agree or \_\_\_I decline the use of additional pain medication following surgery, dental procedures, or other treatments for an additional cost of $32 for any animal under 50 pounds or $42 for any animal over 50 pounds., or $46 for two days of pain control injection for declaws.

Histopathology

\_\_\_I agree or \_\_\_I decline to have the specimen collected during surgery be sent to an outside laboratory for clinical testing. This test may provide a diagnosis of my pet’s condition as well as provide an estimated prognosis should the condition be malignant. I understand that this test may not provide actual, definitive clinical diagnosis in some instances. This test can be performed for the additional cost of $150-200.00.

Microchip Implantation

\_\_\_I agree or \_\_\_I decline to have a Home Again identification chip inserted under the skin of my pet at an additional cost of $60.

I understand that all animals being admitted MUST BE CURRENT ON VACCINATIONS AND FREE OF EXTERNAL/INTERNAL PARASITES or they will be treated at the owner’s expense. All animals are bathed upon leaving the facility and/or as necessary at the owner’s expense unless otherwise indicated.

I authorize the veterinarian to take any measures necessary should an emergency arise or my pet becomes ill during his or her stay. I also agree to allow AIAH to photograph/video my pet.

I hereby certify that I have read and fully understand the above authorization for my pet. I understand that I assume financial responsibility for all services rendered and that payment is due before the pet is released. Any medications, treatments, or supplies purchased or prescribed will be at an additional charge.

Signature of Owner or Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_