SURGERY RELEASE FORM for DEARBORN ANIMAL HOSPITAL

235 Dekalb Industrial Way, Decatur, Georgia 30030. (404) 377 – 6477

Owner's name _____Date _____

Phone number where you can be reached today (_____)_____-_____

Alternate number(_____)_____-_____ Pet's name: _____

Breed: _____Age _____ Color _____

IS YOUR PET... ☐ ***CANINE*** ☐ ***MALE*** ☐ ***SPAYED*** ☐ ***HAS*** eaten/had water in the last 12 hours

☐ ***FELINE*** ☐ ***FEMALE*** ☐ ***NEUTERED*** ☐ ***HAS NOT*** eaten/had water in the last 12 hours

1) **Today's procedure**: _____

- I authorize the above-listed procedure be performed on the animal described above.
- I understand that some risk is involved with any surgical procedure and that unforeseen conditions may necessitate additional or different procedures and these might add to my costs. No guarantee has been made as to the outcome of this procedure.
- I authorize any procedures the veterinarian deems necessary for my pet's health and safety.

2) **I agree to pay in full for services rendered**

- This includes those deemed necessary for any complications or due to unforeseen circumstances.
- I understand that any estimate for the planned procedure is only an approximation, and that my final bill may be more or less than an initial estimate.
- I know that all services must be paid for in full when my pet is released.

3) **Vaccinations** – Current vaccinations are required and proof of such must be provided.

- If not current, the vaccines will be given at time of surgery and the cost added to your bill.
- ***Required vaccines*** ***Dog: Rabies, Distemper/Parvo, Bordatella*** ***CURRENT*** ☐
  Cat: Rabies and feline distemper (FVRCP) ***NOT CURRENT*** ☐

4) **Pain medication** – Cost $18-28 depending on weight

- Pain medications will help your pet with post-operative recovery. ***YES*** **, $18-28** ☐
- Includes an injection at time of surgery and medication for 3 days following surgery. ***NO*** ☐

5) **HomeAgain Microchip implantation –** Registration fee is included.

- This is a permanent identification for your pet in case he/she is lost. ***YES, $57*** ☐
- Cost $57 at time of surgery ($67 otherwise) ***NO*** ☐

6) **Pre-operative bloodwork**

- Recommended for all pets prior to anesthesia to screen for potential medical problems. ***YES*****, profile and CBC $52** ☐
- Optional for pets less than 7 years old ***YES*****, profile only $30** ☐
- Required for pets over 7 years old who have not had bloodwork within the last month unless waived by prior agreement by both owner and veterinarian. ***NO*****, my pet is less than 7 years old** ☐ ***NO*****, I decline labs and accept the risk** ☐
- Presurgical profile screens for kidney and liver function and other health issues. Cost: $30
- Complete Blood Count detects anemia and infection. Cost: $22

7) **Surgical Fluids** – Cost - $40

- Recommended that all pets over 7 years old undergoing anesthesia receive fluids through an IV catheter and recommended for younger animals during longer procedures.
- This allows us to better control your pet's blood pressure while under anesthesia. In case of emergency, an IV catheter makes it easier to quickly administer life-saving medications.
- Certain surgical procedures require a patient of any age to have an IV cath and/or surgical fluids.

YES, $40 ☐

NO ☐

If Vet deems best ☐

Please list medications that your pet is currently on, or any additional notes to the vet:

_____

_____

Signature of pet's owner or authorized agent _____ **Tech Initial:** _____