

**SURGICAL RELEASE FORM**

Date \_\_\_\_\_

Pet's Name \_\_\_\_\_

Phone number where you can be reached in case of emergency or questions.  
\_\_\_\_\_

**WOULD YOU LIKE BLOODWORK PERFORMED BEFORE ANESTHESIA IS ADMINISTERED? YES NO**

(This test can reduce the amount of risk involved with anesthesia by alerting us to unseen medical conditions.)

**ADDITIONAL COST: \$104.00 (Prep Profile with CBC).**

Surgery scheduled to be performed -- **Please circle or specify all that apply**

SPAY (female)      NEUTER (male)      DENTAL PROCEDURE      GROWTH REMOVAL      Biopsy\_\_\_yes\_\_\_no

CAT DECLAW      \_\_\_ FRONT PAWS ONLY      \_\_\_ REAR PAWS ONLY      \_\_\_ ALL FOUR PAWS

OTHER \_\_\_\_\_

Would you like for your pet to have a MICROCHIP inserted during surgery? **(COST \$56.95) YES NO**

Has your pet had anything to eat or drink in the past 10 hours?      **YES NO**

Would you like your pet to receive a post operative pain injection? (ADDITIONAL COST) **YES NO**

ALL PETS ARE REQUIRED TO HAVE CURRENT RABIES VACCINATIONS TO STAY IN OUR KENNEL.

Is your pet current on vaccinations?      **YES NO**

If no, would you like your pet vaccinated while under anesthesia?      **YES NO**

Is your pet on heartworm preventative?      **YES NO**

Is your pet on any medication(s)?      **YES NO**

If yes, what medication and when was last dose given? \_\_\_\_\_

Is your pet on any form of cortisone (oral or injection)?      **YES NO**

If yes, when was last dose given? \_\_\_\_\_

Does your pet have any medical conditions we should know about?      **YES NO**

If yes, please list: \_\_\_\_\_

Is there anything you would like to have checked on your pet? (Skin, ears, eyes, teeth, lumps, etc.)

Please list: \_\_\_\_\_

**SEDATION/ANESTHESIA RELEASE**

You are to use all reasonable precaution against injury, escape or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held responsible in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

\_\_\_\_\_  
SIGNATURE OF OWNER/AGENT REQUIRED

**\*\*\*ALL PETS STAYING IN OUR KENNEL WILL BE EXAMINED FOR FLEAS. IF FLEAS ARE FOUND, YOUR PET WILL BE TREATED WITH CAPSTAR AT OWNERS EXPENSE. (Approximate cost is \$8.00 per pet)**