

Surgical Release

Owner's Name:	<first-name> <last-name></last-name></first-name>
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Phone:_____

Emergency Number:

Pet's Name: <animal>

Procedures:

- 1. Has <animal> had anything to eat or drink past midnight? Yes or No
- 2. Does <animal> have any previous or current health problems? Yes or No If yes, please note

3.	Is <animal> current on his/her vaccinations?</animal>	Yes or No
**:	*Please note, all pets must have proof of a current rabies	es vaccination. If your pet needs to be vaccinated, this must be done 2 wee
	la l	prior to surgery.***
4.	Is <animal> in heat or pregnant?</animal>	Yes or No
5.	Does <animal> have a history of seizures?</animal>	Yes or No

PRE-ANESTHETIC SAFETY SCREENING

Your pet is being admitted to our hospital for surgery / anesthesia today. A pre-surgical physical examination will be performed before administering anesthesia. Fortunately, advances in anesthesia have made routine procedures relatively safe, with low rates of complications. However, occasional problems can occur due to preexisting conditions not made evident during routine histories and physical examinations. To minimize problems, we recommend that your pet be screened prior to surgery by means of the diagnostic tests indicated below. These tests are the same as those performed on people before any surgical procedure.

Please Initial

Pre-Anesthetic Blood & Safety Profile	\$64.00	Accept	Decline				
Includes complete blood count, and checks liver &	kidney functi	ion. This is required for patients o	over the age of 7.				
Pre-Surgical Coagulation Test	\$22.00	Accept	Decline				
Helps to identify conditions that may result in excessive bleeding (this test is mandatory for Dobermans)							
EKG	\$20.00	Accept	Decline				
Electrocardiograph screen for heart health							
Heartworm Testing (dogs)	\$30.00	Accept	Decline				
We highly recommend any pet not currently on hea possible life threatening complications during surg	-		There is an increased risk for				
Feline Leukemia/Feline Aids Test (cats)	\$39.00	Accept	Decline				

"<animal>" <last-name>

<appt-date>

Post Operative Pain Medication:	Dogs \$15.00/Cats \$12.00	Accept	<u> </u>
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We care about <animal>'s comfort and offer multiple methods of pain management. After the surgical procedure pain medication is given to your pet, but if you feel your pet needs additional pain relief after surgery and during their recovery time at home we will gladly send pain medication home at discharge (recommended). This is automatically included for cats being declawed.

Microchip Identification:\$34.00____Accept____Decline

Very few lost pets find their way home without permanent identification. We can help your pet find their way home by implanting a microchip, which will permanently identify <animal> and includes a lifetime registration in 24PetWatch's national databank.

 Bordetella Vaccine: (dogs)
 \$15.00
 _____Accept
 ____Decline

 This vaccine helps to protect your pet from an upper respiratory infection commonly known as kennel cough. It is recommended that this vaccine be given 2 weeks prior to surgery

If fleas are seen on your pet, it will be given a Capstar tablet to kill the fleas. The charge for this is \$15.00.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am at least 18 years of age and authorize the veterinarians at San Antonio Animal Hospital to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss my concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated. If I have declined the recommended preanesthetic diagnostic tests, I agree to hold San Antonio Animal Hospital harmless, in the absence of negligence, in the event of anesthetic, surgical or medical complications that might have been detected had these tests been performed.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of 50% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment, in full, via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has _____ does not have _____ (check one) my permission to provide such treatment and I agree to pay for such service.

I understand that during the performance of medical, surgical or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at this veterinary practice are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost for such additional procedures will not increase the total fee by more than 25% of that provided in the estimate of these procedures.

I have fully read and understand the above terms and conditions set forth above.

Signature

Date

Please bring this form with you when you drop your pet off for surgery.