

Surgical Release

Owner's Name: <first-name> <last-name></last-name></first-name>	>	Phone:		
Pet's Name: <animal></animal>		Emergency Number:		
Procedures:				
 Has <animal> had anything to eat or dr</animal> Does <animal> have any previous or cr</animal> 				
3. Is <animal> current on his/her vaccinat</animal>		Yes or N	· -	
***Please note, all pets must have proof of a currer	nt rabies vaccination prior to surger		o be vaccinated, this must be done 2 wee	
4. Is <animal> in heat or pregnant?</animal>5. Does <animal> have a history of seizur</animal>	-	Yes or N Yes or N		
PRE-ANES	THETIC SAF	ETY SCREE	NING	
Your pet is being admitted to our hospital family will be performed before administering and procedures relatively safe, with low rates of preexisting conditions not made evident duproblems, we recommend that your pet be below. These tests are the same as those performance of the problems of the same as those performance of the same as t	esthesia. Fortuna of complications. uring routine histo screened prior to erformed on peop	tely, advances in However, occasories and physica surgery by mear	anesthesia have made routine ional problems can occur due to a examinations. To minimize as of the diagnostic tests indicated	
Pre-Anesthetic Blood & Safety Profile	\$77.00	Accept	Decline	
Includes complete blood count, and checks liver &	kidney function. <mark>Thi</mark>	<mark>s is required for pat</mark>	ents over the age of 7.	
Pre-Surgical Coagulation Test	\$32.00	Accept	Decline	
Helps to identify conditions that may result in excess	ssive bleeding (this t	est is mandatory for	Dobermans)	
EKG	\$22.00	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			gery. There is an increased risk for	
Feline Leukemia/Feline Aids Test (cats)	\$41.00	Accept	Decline	
" <animal>" <last-name></last-name></animal>			<appt-date></appt-date>	

Post Operative Pain Medication:	Dogs \$19.00/Cats \$16.00	Accept	Decline
We care about <animal>'s comfort and offegiven to your pet, but if you feel your pet ne gladly send pain medication home at discha</animal>	eds additional pain relief after su	rgery and during the	ir recovery time at home we will
Most dogs and cats usually tolerate Carprof liver problems.	en and Meloxicam very well, but	rarely some will deve	elop ulcers, or serious kidney and
Microchip Identification:	\$39.00	Acce	ptDecline
Very few lost pets find their way home with microchip, which will permanently identify			
Bordetella Vaccine: (dogs)	\$22.00	Accej	ot Decline
This vaccine helps to protect your pet from this vaccine be given 2 weeks prior to surge		mmonly known as ke	nnel cough. It is recommended that
Single Tissue Histopath: (Mass Remov	val) \$128.36	Accept	Decline
This is for patients who are having a mass malignant or may need further treatment. T	~	•	•
If fleas are seen on your pet, it v \$15.00.	will be given a Capstar ta	blet to kill the f	leas. The charge for this is
I, the undersigned owner or agent of the authorize the veterinarians at San Antorisks always exist with anesthesia and/o with the attending doctor before the pudiagnostic tests, I agree to hold San A anesthetic, surgical or medical complications.	onio Animal Hospital to perform r surgery and that I am encourable procedure(s) is/are initiated. Antonio Animal Hospital harm	rm the above proce aged to discuss my If I have declined cless, in the absence	edure(s). I understand that some concerns I have about those risks the recommended preanesthetic ee of negligence, in the event of
While I accept that all procedures will be guarantee or warranty has been made restimated fees, assume financial responsion check at the time my pet is discharged the hospital staff is unable to reach me, treatment and I agree to pay for such serious contents.	egarding the results that may be sibility for the remaining fees, from the hospital. Should une the staff has does not have	be achieved. I agreated and provide payme expected life-saving	te to pay a deposit of 50% of the nt, in full, via cash, credit card or emergency care be required and
I understand that during the performar revealed that necessitate more extensive practice are unable to reach me, I here and desirable in the professional judg procedures will not increase the total fee	e, costly, or different procedure by consent to and authorize the gment of the attending veteri	es than originally page performance of starian, provided the	lanned. If staff at this veterinary such procedures as are necessary hat the cost for such additional
I have fully read and understand the abo	eve terms and conditions set for	rth above.	
Signature	Date	_	
Please bring this fo	rm with you when you o	drop your pet o	ff for surgery.

"<animal>" <last-name>

<appt-date>