

**SURGERY RELEASE FORM**

Maplebrook Pet Care Center  
2811 White Bear Avenue, N  
Maplewood, MN 55109  
651-788-9006

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_

I certify that I own the animal named above or that I am acting as the agent for the owner. I do hereby consent and authorize Maplebrook Pet Care Center (MPBCC) and its staff to hospitalize my pet, administer medications, tests, anesthetics and/or surgical and dental procedures that the Doctor may deem necessary for the health, safety or well-being of the above-named animal while under their care and supervision.

If my pet should injure itself, become ill, or die while in the hospital, I will hold MPBCC and its staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for the below procedure(s) and treatment(s) in full at the time the animal is discharged. Abandonment or death of the animal does not release me of my obligation for the bill. If I neglect to pick up the animal after receiving written notice that said animal is ready for release, you may assume the pet is abandoned. You are then authorized to dispose of him/her as you see fit.

Surgical procedure/treatment: \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

Last drink? \_\_\_\_\_

Do you give your pet any medication/supplements?      YES      NO

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

Would you like a microchip placed at this time? (Additional \$45)

YES    NO

Would you like a complimentary nail trim?

YES    NO

#### PRESURGICAL BLOOD WORK

Blood work will allow us to detect conditions that might not be apparent on routine physical exam. A complete blood count (CBC) will check for anemia, infection and possible bleeding tendencies. A blood chemistry profile will check for liver and kidney disease and may indicate metabolic problems.

#### IV CATHETER AND IV FLUIDS

We require placing an IV catheter and administering IV fluid therapy in all patients undergoing anesthesia. This is required for the purpose of supporting the cardiovascular system and maintaining hydration status while the patient is under anesthesia. A small area of fur will be shaved where the IV catheter will be placed.

#### PAIN RELIEF

For most surgical procedures, post-surgical pain relief medication will be determined by the Doctor on an individual patient basis. This applies to both in-hospital and at home pain management.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Today's Telephone numbers

1) \_\_\_\_\_

2) \_\_\_\_\_