



Pre-Surgical Authorization and Release Form

****PLEASE READ CAREFULLY, MARK YOUR REQUEST AND SIGN****

CLIENT _____ PATIENT _____ DATE _____

PROCEDURE _____

Your pet is scheduled for anesthesia/surgery. The staff of Montgomery Veterinary Associates recommends several options to minimize the risks and pain associated with surgery and anesthesia. We can run safe and accurate blood chemistries before anesthesia similar to those your own physician would run if you were to undergo anesthesia. As pets also experience pain associated with many surgical procedures, your pet will be given an injection before surgery along with oral analgesics and/or anti-inflammatory medications to take home for the management of post-operative pain.

BLOOD PROFILES:

() **PROFILE #1 (Healthy patients under 7 years of age) COST \$65.00**

*Includes: CBC (Complete Blood Count), BUN, CREATININE, GLUCOSE, ALT, ALKP, ALB, TP.

() **PROFILE #2 (Patients over 7 years of age and/or sick patients) COST \$102.00**

*Includes: **PROFILE #1** plus AMYL, BILIRUBIN, PHOSPHOROUS, CALCIUM, TOTAL PROTEIN, and CHOLESTEROL.

() I decline the recommended pre-anesthetic blood work at this time and request that you proceed with the anesthesia.

() **MICROCHIP (Home Again – includes first year registration) at time of procedure: COST \$65.00**

(A savings of \$12.50)

POST OPERATIVE:

Dr. _____ will be taking care of your pet today.

Your pet will be ready for pick up after _____

A surgery technician/veterinarian will be calling you when your pet is in recovery.

If an emergency surgery comes in, your pet's surgery may be delayed. We will contact you if this happens.

I assume full financial responsibility for this animal. I understand that there is a potential risk for anesthesia and surgery.

In case of emergency, I may be reached at this number: _____

Signature of owner: _____