



Forney Animal Hospital

SURGERY RELEASE FORM

The following surgical procedure requested for _____

Pet's Name

Please initial the selected surgical procedure(s):

- ____ Ovariohysterectomy (spay) – additional charges if in heat, pregnant and/or obese.
____ Orchestomy (neuter) – additional charges if one or both testicles have not descended (retained testicle).
____ Feline declaw –FRONT FEET ____ Feline declaw – HIND FEET
____ Canine dewclaw removal (FRONT) ____ Canine dewclaw removal (HIND)
____ Feline Dental/Scaling exam ____ Canine Dental/Scaling exam
____ Other Procedures: _____

Please read and initial the last 5 items:

- ____ I hereby give authorization to Forney Animal Hospital to administer such treatment, diagnostic procedures and surgery, as they deem necessary for my pet(s). I understand that only procedures previously agreed on will be done unless an emergency situation results and I cannot be reached in time.
- ____ I understand that there is always a risk when anesthesia is used in any procedure and that although all recommended testing done might not reveal any problems, there is still a risk of unforeseen complications. I understand that the doctors and staff of Forney Animal Hospital take all recommended precautions and are not to be held liable if any complications occur during or immediately after these procedures.
- ____ During a dental procedure if any teeth are discovered that are too diseased to be of benefit and are considered a hazard to the pet's health they will be extracted for an additional fee ranging from \$10.00 - \$50.00 each depending on what tooth or teeth are involved.
DOCTOR NEEDS TO CALL FOR PERMISSION: YES / NO
IF YES AND THE DOCTOR IS UNABLE TO REACH YOU:
____ **DO NOT PERFORM RECOMMENDED PROCEDURE**
____ **PERFORM RECOMMENDED PROCEDURE**
- ____ Any baby teeth found in pets older than 6 months are considered retained and will cause future dental problems. These will be extracted at the time of surgical procedure for an additional fee of \$10.00 each.
- ____ I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL SERVICES AT THE TIME THEY ARE RENDERED.

Signature of responsible party

Date

Phone # where you can be reached today/tomorrow

PET'S RELEASE APPT-DATE: _____ TIME: _____