



Surgical/Anesthesia Release

Owner _____ Patient _____

Breed _____ Color _____ Age _____ Sex _____

Are vaccinations current? YES NO - If NO, would you like them updated today? YES NO

Did your pet eat today? YES NO Did your pet receive any medications or vitamins today? YES NO

Requested Procedures: () Spay () Neuter () Declaw () Tumor removal
() Cherry eye removal () Surgical Implant () Other _____

Elective procedures to be done during surgery: (Please remember there will be an additional charge.)

() Implant Microchip () Ear cleaning () Express anal glands () Toe nail trim () Other _____

Pre- Anesthetic Blood Screening

Like you, our greatest concern is the well-being of your pet. Physical examination will be performed before sedating your pet. However, many conditions, including disorders or the liver, kidneys, and blood cannot be detected without blood testing. For these reasons, we highly recommend blood screening for pets of all ages before sedating your pet. The cost of these tests for under 7 years of age is \$100 and 7 years of age and older is \$127.

() I approve blood testing for my pet.

() I decline blood testing. Initial _____

() My pet had blood testing done at his/her pre-surgical appointment.

I understand that all sedation/anesthesia involves some minimal risk to my pet, but Suburbia North Animal Hospital, and/or its agents will not be held liable in any manner whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks. If I am unreachable during a procedure, the Doctor may treat my animal as HE/SHE deems appropriate. I understand that I am financially responsible for any and all charges resulting from requested procedures.

Signature of Owner _____

Date _____

TODAY'S CONTACT NUMBER: _____

Office Use Only

Belongings left with patient: