

SURGERY RELEASE FORM

Colonial Animal Clinic
606-836-8112

Date:

Owner:
Phone:
Patient:
Breed:
Age:
Color:
Sex:

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and that I authorize and direct Dr. Niels van Loo, Dr. Christina Fitch, his/her agents and/or representatives full and complete authority to perform the following surgical procedure under anesthesia: _____, and/or to do any other therapeutic procedure that in his judgment may dictate to be advisable for the patient's well being. I understand the above procedures may involve risk of complications, injury or even death from both known and unknown causes and no warranty or guarantee has been made as to the result or cure. Furthermore, in case of emergency, I authorize the hospital staff to carry out emergency procedures as are necessary for the well being of my pet until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Our greatest concern is the well being of your pet. However, many conditions involving disorders of the liver, kidneys or blood are not detected unless blood testing is performed. Such tests are especially important before any type of surgery. **We recommend that your pet undergo a pre-anesthetic blood screening.** These tests are performed in our laboratory and the results are available prior to the anesthetic procedure.

Please indicate below whether you would like us to do a pre-anesthetic blood screening on your pet:

- ☐ **Yes, I want <animal> to undergo pre-anesthetic blood work. Cost \$36.75.**
☐ **No, I do not want <animal> to undergo pre-anesthetic blood work.**
(Note: Pets ages five (5) years and older are required to have the blood work.)

Post-operative pain medication is recommended. Please indicate whether you would like post-operative pain medication for <animal>.

- ☐ Yes ☐ No

DOGS ONLY:

- ☐ Yes ☐ No **Heartworm test (for dogs over 6 months of age) Cost \$30.00.**

CATS ONLY:

- ☐ Yes ☐ No **Feline Leukemia and Feline AIDS viruses Test (FELV/FIV) Cost \$51.50.**

Please check additional services you would like performed while <animal> is here today:

- | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Clean teeth (prices vary) | <input type="checkbox"/> Trim nails (\$10.50) | <input type="checkbox"/> Vaccinations (prices vary) |
| <input type="checkbox"/> Clean ears (\$18.00) | <input type="checkbox"/> Express anal glands (\$19.00) | <input type="checkbox"/> Remove growths (prices vary) |
| <input type="checkbox"/> Implant microchip for identification (\$52.99) | <input type="checkbox"/> Fecal exam (\$20.00) | |

By signing below you acknowledge that; i) you have read and agreed to the above; ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire; iii) you have had the chance to ask questions; iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Signature: _____

Telephone number where you can be reached today: _____