SURGICAL RELEASE FORM

Owner's Name: _____
Address: _____
_____
Patient's Name: _____ Species: _____
Breed: _____ Sex: _____ Age: _____
Phone number where you can be reached today:
Work_____ Cell_____
Other _____
In case we are unable to contact you, please give emergency contact:
Name_____ Phone_____

Please Answer The Following Questions:
Procedure to be performed today: ○Spay ○Neuter ○Declaw ○Dental ○Other :

_____
When was the last time your pet had anything to eat or drink?

_____

Pre-surgical Bloodwork
During this procedure, your pet will be under general anesthesia. While we use the safest anesthesia agents available, we recommend pre-surgical bloodwork to evaluate potential health risks. The bloodwork is strongly recommended for pets over 7 years old. Please indicate below if you would like us to perform pre-anesthetic bloodwork.
YES _____ NO _____

Pain Medication
All pets will receive a basic pain medication prior to surgery and will be sent home with oral pain medications after surgery. The cost of these medications ranges from $20-$40, depending on the size of the pet.

Optional Epidural for Spays and Other Lower Abdominal Surgeries
Epidural analgesia (pain relief) has become a very common way to provide pain relief for animals undergoing painful surgical procedures. In this procedure a single injection of pain medication is injected in the epidural space (the space around the spinal cord) just before the pelvis. The injection will provide 12-24 hours of pain relief. This treatment is very safe and carries minimal associated risks. Please ask us if you have any questions as to whether or not this procedure is right for your pet.
Please indicate if you would like your pet to receive an epidural:
YES _____ NO _____

Would you like your pet to be microchipped while he/she is under general anesthesia? Cost:
YES _____ NO _____

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility*. Full payment is due at the time of patient release.*
I authorize Animal Emergency and Pet Care Clinic (AEPCC), its agents and representatives to perform surgical procedures and pre-operative screening described above and to perform any other procedure that, at the doctor's discretion, may be useful to promote the health of my pet. I have been advised as to the nature of the surgery and /or procedures and the risks involved. I acknowledge that results cannot be guaranteed.
I am aware all reasonable care will be taken by AEPCC for the safe treatment and return of my pet. I release the Animal Emergency and Pet Care Clinic, its agents and representatives from any and all liability.

All pets hospitalized must be current on rabies vaccinations. If documentation cannot be provided or verified, I understand my pet will be vaccinated at the owner's expense. Any pet brought into the clinic with internal or external parasites will be treated at the owner's expense.
I have read and understand this authorization and consent.

Signature of Owner / Agent_____ **Date** _____