Belton Veterinary Clinic
707 W. Loop 121
Belton, TX 76513

Surgery/Dental Release Form

Client: _____ Patient: _____ Procedure:_____

Please read carefully and sign: If your pet requires anesthesia we recommend a blood profile to reduce any risk and to check your pet's health prior to performing the procedure. These tests are similar to those that your physician would run if you were undergoing anesthesia. Test results will also serve as future reference values should your pet become ill. **Please note that all pets will spend the night after their surgery unless cleared by a veterinarian for same day pick up.**

Please choose an option in each section below:

Pet Health Screen

This is a series of tests that checks the kidney and liver function, blood sugar and protein, as well as the white and red blood cell count and platelet count of your pet. **The additional cost is $70 per pet.**

( ) Yes
( ) No

Post-Op Pain Medication:

This is an injection administered to your pet after surgery that lasts 24 hours for pain and is highly recommended with any surgical procedure. **The additional cost is $20 per pet. This is a REQUIREMENT for Ear Crops and Declaws.**

( ) Yes
( ) No

Vaccinations:

Your pet must be current on **ALL** vaccinations to be admitted for surgery. If your pet is not current it will be vaccinated at your expense. If your pet is not full vaccinated or not old enough to be fully vaccinated there is a potential risk of them contracting an illness such as kennel cough or parvo.

Rabies: ____ DHLPP/C: _____ Influenza: _____ Bordatella: _____ FELV/FVRCP: _____

Additional Services:

Heartworm Test: _____ Fecal: _____ Express Anal Glands: _____ Check Ears: _____Check Skin: ____

Other: _____

If your pet is undergoing a dental procedure and extractions are necessary, there will be an additional charge depending on the difficulty of the extraction.
***Any pets with fleas will be treated at the cost of the owner.**

I assume full financial responsibility for this animal and understand the potential risks associated with anesthesia and surgery.

Owner's Signature:_____ Date:_____
Emergency Contact Number: _____