

Social Circle Veterinary Hospital

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SURGERY RELEASE FORM

Client Name: _____ Pet Name: _____

Species: _____ Breed: _____ Sex: M F

Surgery to be performed: _____

Telephone number where the owner can be reached at _____

Is this a cell number? **Yes** **No**

Would you prefer to be contacted through **text** or **phone call** after your pet's procedure.

Please answer the following questions regarding your pet's history:

Yes No Any vomiting, coughing or diarrhea noted?

Yes No Has your pet eaten this morning?

Yes No Is your pet on any medications? If yes, what and when were they last given?

Yes No Is your pet allergic to any medications? If so what? _____

We recommend a blood panel be run before the surgery to help detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample. The cost of the recommended blood panel is \$ _____. **Initial** Yes _____ or No _____

I understand that pain medication will be given before and after surgery for management of discomfort as part of our surgical protocol. **Initial** _____

I understand that should my pet have any external parasites (fleas/ticks), my pet will be treated accordingly and I will be responsible for the expense of the treatment. **Initial** _____

I understand my pet must be current on vaccines to stay in the clinic. If not current, I authorize the doctors to examine and give the following vaccines: _____

The estimated cost will be \$ _____ **Initial** _____

Would you like to have any additional procedure(s) done while your pet is under anesthesia? If so what?

Is your pet microchipped? Yes No If NO would you like your pet to be microchipped with Save This Life for life long identification? Yes **Initial** _____

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgeries. I understand that during the performance of the procedure(s), unforeseen conditions may be revealed and that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize the results cannot be guaranteed. I additionally authorize the use of appropriate anesthesia, pathologist examination of exercised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that the hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

Signature of owner or agent

Date