



SURGERY/ANESTHESIA RELEASE

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY OR SERVICES WILL NOT BE DONE

All patients admitted for surgery will be examined prior to the procedure. If any abnormalities of concern are noted, they will be discussed prior to surgery. Pre-anesthetic blood screening will be evaluated and any concerns also discussed prior to surgery. The doctor or nurse may discuss this screening test. More extensive data is typically required for patients over 6 years of age prior to any surgical procedure. All patients admitted for surgery must be current on vaccinations with proof available that they were administered by a licensed veterinarian. Canines: Distemper/Parvo (annually), Rabies vaccine (annual/triennial), bordetella (6months) Felines: Distemper/FVRCP (annually), Rabies vaccine (annual/triennial). In any case where proof is not available or the pet is overdue, a comprehensive examination will be completed and vaccines administered. Additional fees for these services will be applied to the account.

Pet Name: _____

Owner Name: _____

Presurgical blood panel (required) initials _____

Surgical Procedure: _____ initials _____

Other Procedures: _____ initials _____

_____ initials _____

_____ initials _____

Other services requested while under anesthesia: (please check)

Nail trim (\$5) Avid microchip (\$46) Ear Cleaning (\$9) Anal Gland Expression (\$7)

FOR DENTAL CLEANINGS (please check): (please ask us if you have any questions)

Please perform extractions if necessary, I understand there is a fee for extraction in addition to the cleaning. Cost varies based on location and specialized instrument requirements (\$10-\$65 per extraction).

I do not authorize extractions, just the cleaning. I am aware this may jeopardize gum healthy and may result in root abscesses and other oral care problems in the future.

I hereby authorize Poplar Animal Hospital to receive, prescribe for, treat, or operate upon my animal(s). Poplar Animal Hospital will use all reasonable precautions against injury, escape, or destruction of the animal(s), but will not held liable responsible in any manner whatever, or any circumstances, on account of the care, treatment or safekeeping of the animal(s) named, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. Financial responsibility for the services rendered is due at the time of discharge.

I have been adequately informed of the potential risks involved in this procedure, and I am aware of the measures taken by the animal hospital to minimize surgical risk.

I certify that I am the owner, or fully authorized agent of the owner, of the animal(s) above and that I am 18 years of age or older.

Please feel free to call for an update on your pet after 1pm on the day of surgery.

Signature _____

Date _____

Phone number that you may be reached today _____