

## SURGERY RELEASE FORM

Pine Street Animal Hospital

Date: \_\_\_\_\_

Owner (First Last):

Case No (Number):

Patient (Animal):

Vaccinations current: Y N (All pets must be current on vaccinations)

Procedures to be done: \_\_\_\_\_

### **Pre-anesthetic screening consent/waiver**

Our greatest concern is the well-being of your animal. A physical examination will be performed before sedation. However, many conditions, including disorders of the kidneys, liver, heart and blood cannot be detected without blood screening. For these reasons, we highly recommend pre-operative screening before sedating any animal.

\_\_\_ I authorize the recommended pre-anesthetic blood screen (\$58.00)

\_\_\_ I decline the recommended pre-anesthetic blood screen. I understand and assume all responsibility for additional risks or complications resulting from refusal of service.

\_\_\_ Microchip implantation (\$67.86)

\_\_\_ Extract deciduous teeth (\$5.00-\$20.00)

\_\_\_ Dental Prophylaxis (\$50-\$100)

**ANY PET FOUND TO HAVE FLEAS/TICKS AT TIME OF ADMISSION WILL BE TREATED AT OWNERS EXPENSE. This helps prevent hospital infestation.**

**\* Pain meds will be given at the discretion of the doctor \***

### **Owner Release:**

I understand that all sedation/anesthesia involves some minimal risks. You will not be held liable under any circumstances as it is thoroughly understood that I assume all risks. I have read the foregoing and agree.

\_\_\_\_\_  
(Owners Signature)

\_\_\_\_\_  
Emergency Contact Number (we can reach you at all times)

PICK UP TIME: \_\_\_\_\_