



Surgical/Anesthesia Release

Owners Name _____

Address _____

City _____ State _____ Zip code _____

Primary Phone # _____ Work # _____

Alternate Phone # _____ Spouse's Name and Cell Phone # _____

E-mail address _____

Pet Name _____ Breed _____

Age or DOB _____ Sex (please circle) *Male Female Neutered Male Spayed Female*

Are vaccinations current? YES NO - If NO, would you like them updated today? YES NO

Did your pet eat today? YES NO

Did your pet receive any medications or vitamins today? YES NO

Requested Procedures: () Spay () Neuter () Declaw () Tumor removal
() Cherry eye removal () Surgical Implant () Other _____

Elective procedures to be done during surgery: (Please remember there will be an additional charge.)

() Implant Microchip () Ear cleaning () Express anal glands () Toe nail trim () Other _____

Pre- Anesthetic Blood Screening

Like you, our greatest concern is the well-being of your pet. Physical examination will be performed before sedating your pet. However, many conditions, including disorders of the liver, kidneys, and blood cannot be detected without blood testing. For these reasons, we highly recommend blood screening for pets of all ages before sedating your pet. The cost of these tests for under 7 years of age is \$120 and 7 years of age and older is \$160.

() I approve blood testing for my pet.

() I decline blood testing. Initial _____

I understand that all sedation/anesthesia involves some minimal risk to my pet, but Suburbia North Animal Hospital, and/or its agents will not be held liable in any manner whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks. If I am unreachable during a procedure, the Doctor may treat my animal as HE/SHE deems appropriate. I understand that I am financially responsible for any and all charges resulting from requested procedures.

Signature of Owner _____ Date _____

TODAY'S CONTACT NUMBER: _____