



SURGICAL / DENTAL

Release

Please verify information to the right and let us know below what needs correcting.



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 _____

If further problems such as teeth that need extraction are detected while your pet is under anesthesia, how should they be handled? Please check one!

- Do whatever is needed to give my pet a healthy oral cavity. Including extracting any teeth that hinder my pets health.
- Please contact me at the phone number below before doing any additional dental

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 or 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 _____
- () My pet had blood testing done at his/her pre-surgical appointment.

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:** _____

