

Grand Parkway Animal Hospital
Surgical and Medical Release

Owner: _____ Patient Name: _____

Species: _____ Breed: _____

Color: _____ Sex: _____ Age: _____

Please circle procedure(s):

Spay (Females) Dental Microchip Nail Trim
Neuter (Males) Growth Removal - Send off to the Lab (Additional Fee)
 YES NO

Other Procedures: _____

PLEASE INITIAL & NOTE THAT THERE ARE ADDITIONAL CHARGES IF:

- Initial_____ 1. If your animal is 7 years or older, we recommend an injection of Antisedan, which acts as a reversal for the anesthetics for a better recovery (\$21)
 YES NO
- Initial_____ 2. Fluids are given (\$46) ~ IV fluids drip during surgery and helps keep patients hydrated, maintain blood pressure, and speed recovery from anesthesia.
 YES NO
- Initial_____ 3. Blood Work is done (\$54.97) ~ Pre-anesthetic panel that checks the glucose, liver, kidneys, and helps identify potential anesthetic risks.
 YES NO
- Initial_____ 4. We recommend extracting **infected** adult teeth with a dental, or extracting retained puppy teeth, for your pets dental health. (starting at \$35)
 YES NO

If your female dog/cat is pregnant or in heat, your pet can still effectively be in heat up to 2-3 months after bleeding stops. Additional charge of: Canine- \$75/ feline- \$45

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the above described animal. I authorize the doctor on duty and assistants to perform the above procedures including administration of sedatives and/or anesthetics, as well as any necessary and appropriate medical, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made. I have read and understand the reasons for and the risks of the above described authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.

If your animal has fleas or ticks, we will automatically treat them!

Signature: _____ Date: _____

In case of an emergency and/or to call you after surgery
Phone number where we can reach you today: _____