

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. Antisedan Injection (\$21): which acts as a reversal for the anesthetics, for a faster recovery. (especially recommended for patients 7 years and older)

YES NO (circle one)

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 (circle one)

Initial _____ 3. Blood Work is done (\$84.50): Pre-anesthetic panel that checks the glucose, liver, kidneys, and helps identify potential anesthetic risks.

YES NO (circle one)

Initial _____ 4. We recommend extracting any retained puppy teeth or infected adult teeth for your pets dental health. (**starting** at \$35)

YES NO (circle one)

****If your female dog/cat is in heat: (Your pet can still effectively be in heat up to 2-3 months after bleeding stops) Additional Charge: (\$75 canine/\$45 feline)**

****If your female dog/cat is pregnant: Additional Charge: (\$150 canine/\$100 feline)**

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.

Pet's must be free of fleas and ticks or we will automatically administer flea and/tick treatment at owner's expense.

Signature: _____ Date: _____

In case of an emergency and/or to call you after surgery

Phone number where we can reach you today: _____

WE ♥ PETS

