

PARK ANIMAL HOSPITAL SURGICAL RELEASE FORM

Name of Owner or Authorized Agent: _____ Date: _____

Address:

Primary Contact Number for Today:

Additional Contact Number for Today:

Animal's Name:

Breed:

Gender:

I certify that I am the owner or authorized agent of the above animal and I do hereby consent and authorize the Park Animal Hospital and its staff to hospitalize and/or perform the procedure listed below on my pet. I also authorize the Park Animal Hospital to administer any additional vaccinations, medications, anesthetics, surgical procedures, and/ or treatments that the doctor deems necessary for the health and safety of the above animal while it is under their care and supervision.

If through no fault of the Park Animal Hospital doctors or staff, my pet should injure itself in an escape attempt, refuse food, become ill, or pass away while being hospitalized, I will not hold the Park Animal Hospital responsible and/or liable. By signing this agreement I understand that in spite of the best efforts possible, no medical procedure is guaranteed to be successful, and I agree to pay this bill in full regardless of the outcome of the services provided for my pet. I also understand that I am responsible for payment in full of the listed procedure and/or treatment at the time the animal is discharged. If I neglect to pick up the animal within five days of written notice that it is ready for release, the animal will be considered abandoned. The Park Animal Hospital is the authorized to do with the animal as they deem necessary. Abandonment does not release me from my obligation to pay the bill incurred.

PROCEDURE OR TREATMENT: _____

While many surgical procedures seem routine, every time an animal goes under anesthetic it poses a risk, no matter the age. To minimize the risk involved we recommend several pre-surgical procedures along with the Pre-Anesthetic blood work. Each of these procedures is the best medicine and highly recommended by the Park Animal Hospital. While for several of these procedures you have a choice in participation, the veterinarian may require them based on age, health, or circumstance.

PRE-ANESTHETIC BLOOD PROFILE

Test is performed before any procedure needing anesthetic. Required for all procedures in which anesthesia is used. The blood profile checks liver and kidney values, those organs that handle the anesthetic.

INTRAOPERATIVE IV FLUID THERAPY

Intraoperative IV Fluid Therapy is highly recommended to maintain blood pressure and help filter out the anesthetic. It's an additional cost of \$65.00

- YES**, I authorize my pet to be placed on Intraoperative IV Fluid Therapy
- NO**, I would not like my pet to be placed on Intraoperative IV Fluid Therapy

POST-SURGICAL PAIN MEDICATION

As with any medication, the medications used for pain relief can have adverse reactions. For this reason, the prescribing of any medication is at the discretion of the attending veterinarian.

- YES**, I am aware of the possibility of an adverse reaction occurring when any medication administered. With this understanding, I choose to have pain medication sent home with my pet after its surgery.
- NO**, I would not like to have pain medication sent home with my pet after surgery.

WHILE YOUR ANIMAL IS SLEEPING:

For your convenience and the comfort of your animal these additional services can be done while they are anesthetized, please circle any you would like done:

Nail Trim	\$15.30	Teeth Clean w/other Surgery	\$95.50
Ear Exam and Clean	\$35.50	Heartworm Testing	\$43.43
Anal Gland Expression	\$15.30	Parasite Testing	\$30.86
Microchip Implant	\$47.30		

Owner or Authorized Agent's signature: _____ Date: _____

Witnessed by: _____ Date: _____