

Date:

SURGERY/ DENTAL RELEASE

Pet Name:

Pet History

Are vaccinations current ?

Yes No

Update Today

Yes No

Update Today

- CATS:** Rabies
- FVRCP
- FELV
- FIV

- DOGS:** Rabies
- DHLPP+Parvo
- Corona
- Bordetella

- Is the dog on heartworm preventive ?
- Has the pet been checked for intestinal parasites in the last year?
- Did your pet eat this morning?
- Is your pet allergic to any drugs?
- Has your pet had any illness or injury in the past 30 days?
- Any history of seizures and/or previous anesthetic problems?
- Current medications? _____

Procedure to be performed: _____

Pre-op Exam: Temp: _____ Weight: _____

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| N | Ab | Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ears | | Fleas Present? | | 2 Testicles (Neuter) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teeth | | Rear Dewclaws Present? | | In Heat/Pregnant (Spay) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin | | Umbilical Hernia Present? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Nails | | Deciduous ("Baby") Teeth Present? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Admitting Tech Initials _____

I understand clinic policy requires Distemper/Parvo, Bordetella and Rabies vaccination for dogs and/or Feline Distemper vaccine and Rabies for cats be current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current Rabies vaccination within 24 hours of notification to do so."

Date _____

Owner/Agent Initial: _____

Elective Procedures to be done at the same time:

- Discuss procedure to be done
- Discuss Pain Medication Presurgical Lab Screen Presurgical ECG Screen
- Dental Prophy Extract Teeth Fluoride Application
- Polish & Fluoride Teeth
- Microchip Identification(# _____) Microchip implant
- Ear Flushing Ear Cleaning
- Remove rear Dewclaws Remove Front Dewclaws Anal Glands Expressed
- Repair Umbilical Hernia Repair Inguinal Hernia
- Remove warts/skin growth (location: _____)
- Routine Toe Nail Trim
- Topical Flea Control Bath Shave Out Mats Brush Out / Clip Hair Mats
- Other _____

Owner Release

For the enhanced protection of our patients, we recommend presurgical blood screening of all pets prior to administration of anesthetics. The blood screening is necessary to alert Dr's to the presence of any underlying diseases such as dehydration, anemia, diabetes, kidney or liver disease. Please initial your desires below:

For patients under 7 years of age: \$52.00 For patients over 7 years of age, larger blood panel: \$70.00

I Do Do Not authorize the recommended Presurgical blood Screen at a cost of \$ _____.

I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service.

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but you will not be held liable or responsible in any manner or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. **I have read the foregoing and agree.**

Signature _____ Date _____

Owner/Agent

Phone number where you can be reached today: _____