

SURGICAL RELEASE

CLIENT NAME _____ PET NAME _____
CLIENT NUMBER _____ TYPE OF SURGERY _____
TIME ADMITTED _____ ADMITTED BY _____

YES	NO		YES	NO	
()	()	Vaccinations current?	()	()	Eat this morning?
()	()	On heartworm prevention?	()	()	Allergic to any drugs/vaccines?
()	()	Stool check in the last six months?	()	()	Any illness or injuries in the past month?
()	()	Any recent vomiting, coughing, or diarrhea?	()	()	Currently on any medications?

ELECTIVE PROCEDURES TO BE DONE AT THE SAME TIME: (Each has an additional charge)

- () Vaccinations
- () Heartworm test
- () Stool check
- () Microchip
- () Dental cleaning
- () Nail trim
- () Express anal glands
- () Flush and treat ears
- () Flush and treat eyes
- () Remove retained puppy or kitten teeth
- () Remove skin growths (Location: _____)
- () Other (List: _____)

TIME SURGERY COMPLETED _____ TIME CLIENT WAS CALLED _____
CALLED BY _____ DISCHARGE TIME _____ DISCHARGED BY _____

Thank you for bringing your pet to us for surgery. At St. Francis' Pet Hospital we use the safest, most up to date anesthesia available, but this does not absolve all risk. All anesthetics carry risks ranging from post-op nausea to death. While these occurrences are rare, they do happen occasionally, even though protective measures are taken. Please read the following and sign below.

I consent to the administration of such anesthetics as are necessary. I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and fully understand this authorization for surgical treatment. I also assume financial responsibility for all charges incurred and agree to pay all such charges at the time of release for the patient.

DATE _____ SIGNATURE _____

EMERGENCY PHONE NUMBER(S) _____

When was the last time your pet was treated for fleas, & with what? _____
If this was more than 3 days ago and fleas are present, I understand I will be charged up to \$25.00 for flea treatment. Also I am aware that there are additional charges if my pet is pregnant, in heat, or has retained testicles. Please initial _____

FULL PAYMENT DUE AT TIME OF SERVICE

COMFORT AND CARE PACKAGE

(All options are in addition to the price of surgery)

() Pre-Surgical Blood Screen (\$65.25)

- Evaluates liver and kidney function
- Reduces anesthetic risk
- Recommended for all ages
- Address problems before elective procedures

() Intra-dermal Sutures (\$21.00)

- “Invisible stitches”
- No need to return for suture removal
- Decreased chance of pet chewing/licking at incision site
- **REQUIRED FOR PETS THAT ARE DIFFICULT TO HANDLE OR AGGRESSIVE**

() Cardiac Monitor (\$12.50)

- Reduces anesthetic risk
- Continuous monitoring
- Unexpected changes noted immediately

() IV Line and Fluids (\$23.50)

- Maintains blood pressure/hydration
- Saves time in case of anesthetic crisis

() Post Operative Analgesic (\$25.00-\$45.00, Depending on weight)

- Additional pain medication
- Extends pain relief for up to 12 hours

() Comfort and Care Package (\$120.00 plus the price of the surgery)

- Pre-Surgical Blood Screen
- Intra-dermal Sutures
- Cardiac Monitor
- IV Line and Fluids
- Post Operative Analgesic
- \$130.75 - \$150.75 if done individually

() *Pain and Anti-inflammation meds to go home with*

() **I DECLINE ALL OPTIONS ABOVE**

DATE _____ **SIGNATURE** _____

(signature indicates understanding of above options)