

# Surgical Release Form

Pet Name: \_\_\_\_\_

**PLEASE COMPLETE EACH SECTION OF THE FORM IN ITS ENTIRETY. Please mark only one choice for each section.**

## Release:

I hereby consent and authorize Brookwood Veterinary Clinic to perform: \_\_\_\_\_

## Blood work:

Pre-anesthetic blood work is strongly recommended. Blood work helps our doctors to determine if the organs necessary for processing the anesthesia are in good health. If your pet is under 7 years of age, you may choose whether or not he/she has pre-anesthetic blood work. **If your pet is 7 years of age or older, pre-anesthetic blood work is required.**

\_\_\_\_\_ I choose the pre-anesthetic blood work and understand that there is an additional \$95.00 charge.

\_\_\_\_\_ My pet is under 7 years of age and I do not want blood work performed.

## Vaccinations and Tests (RABIES VACCINATION IS REQUIRED FOR ALL PETS MUST PROVIDE PROOF):

If your pet is due vaccines, would you like for us to update them?

\_\_\_\_\_ Yes, please update my pets vaccines, heartworm check, and/or stool exam.

\_\_\_\_\_ No, please do not update my pet's vaccines, heartworm check, and/or stool exam.

**CATS ONLY:** Our office recommends testing your cat for FIV and Feline Leukemia.

I understand that if my cat is infected with FIV or Feline Leukemia it may infect other cats with casual contact such as grooming, sharing food and water bowls, and also by fighting with other cats.

\_\_\_\_\_ Yes, I would like my cat tested. The cost is \$75.00 which is a \$10.00 saving with surgery.

\_\_\_\_\_ No, Please do not test my cat for FIV and Feline Leukemia.

## Microchip:

We offer the HomeAgain Microchip with an additional \$10.00 savings while your pet is under anesthesia. This life-saving tool can help return your lost pet if they come up missing. Most Animal Shelters, Veterinary Clinics, and Rescues have HomeAgain Scanning devices so they can scan all lost animals that come into their facilities. **If you would like for us to implant this permanent identification for an additional \$60.00, please initial here: \_\_\_\_\_.**

## Elizabethan Collar:

Would you like an Elizabethan collar for your pet to prevent chewing and licking the incision (Additional \$27.00)

\_\_\_\_\_ YES

\_\_\_\_\_ NO

## Additional Pain Medication:

**Please be advised that any patient showing extreme discomfort or stress will be given a pain injection for a charge of \$70.00.**

**This section is only for pets that are having a Growth or Growths Removed:**

Would you like us to send the growth/s off for a Histopathology? \_\_\_\_\_ YES \_\_\_\_\_ NO

1 Growth - \$165.00

2-4 Growths - \$200.00

5-8 Growths - \$220.00

## **YOU MUST LEAVE EMERGENCY CONTACT NUMBERS YOU CAN BE REACHED AT TODAY:**

**Emergency #: \_\_\_\_\_ (easiest to reach) Additional Emergency #: \_\_\_\_\_**

**If you do not answer the emergency numbers listed above about any questions that may arise during your pet's procedure, the doctor will make a decision at his or her discretion. PLEASE TRY AND ANSWER OUR CALL!**

I have read the foregoing and agree to all conditions mentioned above. I understand the possible risks and complications associated with the procedure and have no further questions regarding the procedure. I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. If the pet is not called for within 5 days after the time specified for return and if the doctor is not notified in writing of an alternative date within the 5 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying for all costs of services and use of your hospital including the cost of boarding. I understand that full payment is due at the time of pick-up and if I want an estimate for the procedure I must request that now.

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**