

Surgical Release Form

Pet Name: _____

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 \$68.00 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):

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

_____ Yes, please update my pet's 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 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 \$50.00 which is a \$10.00 savings 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 pet is under anesthesia. This life-saving tool can help return your lost pet to you if they come up missing. Most Animal Shelters, Veterinary Clinics, and Rescues carry Homeagain Scanning devices so that 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 \$43.00, please initial here:** _____.

Post-Operative Pain Medicine:

We offer post-operative pain medicine in the form of tablets for dogs and liquid for cats to be given at home for pain management. This medication is offered for an additional \$20.00.

_____ Yes, I want my pet to have post-operative pain medicine to be given at home at an additional cost of \$20.00.

Elizabethan Collar

Would you like an Elizabethan collar for your pet to prevent chewing and licking the incision? (Additional \$23.00)

_____ **YES**

_____ **NO**

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 \$90.00

2-4 Growths \$135.00

5-8 Growths \$150.00

YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:

Emergency #: _____ (easiest to reach) Additional Emergency #: _____

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 _____