

Name: \_\_\_\_\_ Leash, Kennel, Etc.: \_\_\_\_\_

## Surgery Release

Procedure To Be Performed: (OVH) (Neuter) (Dental) Other: \_\_\_\_\_

### PET HISTORY

#### Are Vaccinations Current

Cats			Dogs		
Yes	No	Update Today	Yes	No	Update Today
<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	<input type="checkbox"/>	FVRCP / FVRCP 3yr	<input type="checkbox"/>	<input type="checkbox"/>	Da2 & Parvo/ DAP 3yr
<input type="checkbox"/>	<input type="checkbox"/>	FELV	<input type="checkbox"/>	<input type="checkbox"/>	Corona/Lepto
<input type="checkbox"/>	<input type="checkbox"/>	FIP	<input type="checkbox"/>	<input type="checkbox"/>	Bordetella
<input type="checkbox"/>	<input type="checkbox"/>	FIV	<input type="checkbox"/>	<input type="checkbox"/>	Heartworm Test
FELV/FIV Test		<input type="checkbox"/> Yes <input type="checkbox"/> No			

#### Vaccination Decline:

"I understand that state law requires rabies vaccination for all pets. I also understand clinic policy requires Distemper/Parvo vaccination for dogs and or Feline Distemper vaccine for cats to be current. I decline vaccination at this time because vaccinations have been given elsewhere and are 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 request.**" \_\_\_\_\_ (Owner Initial)

**Deciduous Teeth:** Deciduous baby teeth will be removed at time of procedure unless otherwise noted at a cost of \$13.00-\$20.00. \_\_\_\_\_ (Owner Initial)

#### Yes No

- Is your pet on heartworm preventive?  
  Did your animal 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 \_\_\_\_\_  
  Is it possible that your animal could be pregnant?

#### Surgical Spay Procedure:

"I understand that if my pet is pregnant, spaying will terminate the pregnancy" \_\_\_\_\_ (Owner Initial)

#### Comfort Medication (Optional for Surgeries)

I Do  Do not want a pain medication for my pet at the cost of \$15.00 - \$25.00

For the enhanced protection of our patients, we recommend presurgical screening of all pets prior to administration of anesthetics. Pre-surgical screening is required on all senior patients. Please initial your desires below:

I Do  Do Not authorize the recommended Presurgical Blood Screen at a cost of \$ 30.00. I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service.

#### Owner Release:

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I have read the foregoing, understand what it says, and agree.

Signature (Owner) \_\_\_\_\_ Date \_\_\_\_\_ Phone: \_\_\_\_\_