

Office Use Only / Belongings left with patient:

Surgical/Anesthesia Release

Owners Name			
Address			
City	State	Zip code	
Primary Phone #	Work #		
Alternate Phone #	Spouse's Name and Cell Phone #		
E-mail address			
Pet Name	Breed		
Age or DOB	Sex (please circle) Male	Female Neutered Male Spayed Female	
are vaccinations current? YES NO - If NO, would you like them updated today? YES NO			
Did your pet eat today? YES NO Did your pet receive any medications or vitamins today? YES NO			
Requested Procedures: () Spay () Neuter () Declaw () Tumor removal			
() Cherry eye	removal () Surgical Implai	nt ()Other	
Elective procedures to be done during surgery: (Please remember there will be an additional charge.)			
() Implant Microchip () Ear cleaning	() Express anal glands () Toe	nail trim ()Other	
Pre- Anesthetic Blood Screening			
Like you, our greatest concern is the well-being of your pet. Physical examination will be performed before sedating your pet. However, many conditions, including disorders or the liver, kidneys, and blood cannot be detected without blood testing. For these reasons, we highly recommend blood screening for pets of all ages before sedating your pet. The cost of these tests for under 7 years of age is \$120 and 7 years of age and older is \$160.			
() I approve blood testing for my pet for an additional cost () I decline blood testing. Initial			
I understand that all sedation/anesthesia involves some minimal risk to my pet, but Suburbia North Animal Hospital, and/or its agents will not be held liable in any manner whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks. If I am unreachable during a procedure, the Doctor may treat my animal as HE/SHE deems appropriate. I understand that I am financially responsible for all charges resulting from requested procedures.			
Signature of Owner	Date		
□ Call client at this number:□ Text client at this number:			