



Surgery Release Form

Owner's Name: _____ Pet's Name: _____

Contact Name and Phone Number for Today: _____

Scheduled surgical procedure: _____

***Please complete the following questions:**

Would you like vaccinations updated if needed today? **Yes** or **No** or **Only update:** _____

Did your pet eat this morning? **Yes** or **No**

Is your pet allergic to any medications? **Yes** or **No**

Has your pet had any illness or injury in the last 30 days? **Yes** or **No**

Does your pet have a history of seizures and/or previous problems with anesthesia? **Yes** or **No**

*Please list ALL current medications (including Aspirin) and/or supplements that your pet is taking:

*Are there any other elective procedures that you would like your pet to have done today?

MICROCHIP NAIL TRIM EAR CLEANING

JUVENILE DENTAL PROPHYLAXIS (cleaning for pets less than 1 year **only**)

OTHER: _____

***Owner Release:**

For the enhanced protection of our patients, we recommend a **Pre-Surgical Blood Screen** of all pets prior to the administration of anesthetics. I understand that there is an *additional charge* for this and if I refuse this service, I am therefore responsible for any risks or complications that may arise from the surgical procedure being performed today.

The cost for **Pre-Surgical Blood Screening is an additional \$55.00.** (PLEASE INITIAL ACCEPT OR DECLINE)

_____, I **Accept** the Pre-surgical Blood Screening for my pet prior to anesthesia today.

_____, I **Decline** the Pre-surgical Blood Screening for my pet prior to anesthesia today.

I understand that Dr. King, Dr. Hartman and the staff at Valley View Veterinary Hospital will use all reasonable precautions against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet and I agree that Dr. King, Dr. Hartman, and the staff will not be held responsible in connection to these procedures. In the event complications arise and I cannot be immediately contacted at the phone number listed above, I give full consent to Dr. King, Dr. Hartman, and the staff to perform whatever actions reasonable, necessary, and in the best interest of my pet.

I have read and agree to the above information.

Signature: _____

Date: _____