

Surgical Procedure Release

Date: _____ Record: _____ Pet Name: _____

Owner: _____ Phone: _____

Postal Address: _____

Pre-Surgical Examination (Y/N)

____ Ticks / Fleas ____ Testicles 1 or 2 ____ HTW preventive
____ Heat /Pregnant ____ Vaccines up to date
____ Overweight ____ Fasted

The person signing this document is the owner or person authorized by the owner of _____ and he/she can choose the following test at his will. I am aware that all surgical procedures have their own inherited, but minimal, risks associated, and that I am being offered the following test to help identify any other potential problems.

Pre-Surgical Tests please write: (Y/N)

____ **CBC:** used to identify anemia or changes in platelets that increase bleeding. (\$27.50)
____ **Blood Chemistry:** checks liver and kidney function and glucose (\$44.50)
____ **Heartworm / Ehrlichia / Anaplasma / Lymes Disease:** bleeding disorders and respiratory complications. (\$27.50 / \$37.50)

Primary Surgical procedure: _____

Additional procedure to be done while under anesthesia: (Y/N)

____ Vaccines: _____ ____ Express anal sacs
____ Clip Nails ____ Check skin
____ Wart removal ____ Dental Propy
____ Ear hair removal ____ **Pain Medication**
____ **Otros:** _____

I authorize Animal Medical Hospital (AMH) to perform the above described procedures with their associated costs. I also authorize AMH to perform any other additional procedure that will preserve _____ life in case any complications may arise during anesthesia. I, _____ assume all responsibility and release AMH and all of their employees from any liability of complications that may result from the omission of any of the tests offered above.
