

Veterinary Surgical Release Form

Owner Information

Name: _____ Date: _____
Primary Phone No.: _____ Email: _____
Are you with a rescue? If yes, which rescue: _____

Pet Information

Name: _____
Age: _____ Sex (circle): Male Female Unknown
Breed _____ Color _____

Has your pet eaten/drunk since midnight last night? Yes No
Is your pet on Flea & Tick prevention? Yes No
Is your pet up to date on all vaccines? Yes No
Does your pet have any known medical issues? Yes No
Is your pet on any medications currently? Yes No

List All Medications: _____

Is there a chance your pet could be pregnant? Yes No

If yes, do we have approval to move forward with spay and terminate pregnancy? Yes No N/A

Add On Services *please ask us about additional add on services:

Labwork (Wellness Panel) (\$100) I.V. Catheter and Fluids (\$50) Microchip (\$25) 4DX Test (tick borne disease check) (\$40) Feline Combo Test (FIV, FELV) (\$40) Ear Cleaning (\$15) Anal Glad Expression (\$20) Nail Trim (\$18) Flea and Tick Prevention (\$20-\$126, 1-6, month supply)
 Paw Spa Package – nail trim, ear cleaning, anal glands expressed – \$35 (**\$18 savings!**)

Required:

Pain Medication & Antibiotics (\$35) E-collar (cone post-surgery) to go home (\$10)

Consent:

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors and staff at Priceless Pets Veterinary Clinic to perform the above noted procedures or operations. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I understand my pet will receive a 24-hour pain injection post-surgical procedure. I understand that if I am dropping off a feral cat to be fixed, there will not be any pain medications or antibiotics to go home.

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Signature of Legal Owner or Guardian of Pet

Date

In the case that any life-threatening emergencies arise I do _____ or do not _____ give my permission to preform emergency lifesaving treatment. I grant my consent for this procedure. I agree to pay in full for services rendered at the time of pick up.

Signature of Legal Owner or Guardian of Pet

Date