



Today's Date: _____

Veterinary Surgical Release Form

1. Owner Information

Owner Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Alternate Phone _____

E-mail Address _____

2. Pet Information

Name: _____ Dog ___ Cat ___ Other ___

Age: _____ DOB: _____ Sex: M ___ F ___ Spayed/Neutered: Yes ___ No ___

Breed: _____ Color: _____

Reason for today's visit: _____

Is your pet on any medications? Yes No

If so: _____

Is your pet up to date on all vaccines? Yes No

Does your pet have any known medical issues? Yes No

If so: _____

Did you adopt from Priceless Pets? Yes No

If yes, please include their previous name or ID number: _____

Please keep your phone on you if your pet is here for surgery today in the case that we need to contact you. Please put the best number to contact you at, if multiple numbers are on file. If we are unable to reach you in the case that your pet needs additional treatment, while pet is under anesthesia, are we able to move forward with treatment? We will always attempt to contact owner before continuing with any recommended treatment.

Please initial to approve or decline:

If treatment cost is less than \$50 Approve _____ Decline _____

If treatment cost is less than \$100 Approve _____ Decline _____

Examples could include but are not limited to: baby teeth removal, hernia repair, antibiotic injection, deworming injection

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures for the visit today.

Signature of Pet Owner _____ Date _____

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- Has your pet eaten/drunk since midnight last night? Yes No
- Is your pet on any medications? Yes No
- If so, please list: _____
- Is your pet on Flea & Tick prevention? Yes No
- If no, would you like some today? Yes No
- Is your dog on heartworm preventative? Yes No
- If no, would you like some today? Yes No

If your pet is pregnant we will move forward with termination. Initial here for approval: _____
 If your pet is pregnant, there will be an additional fee or charge for termination.

INCLUDED IN SURGERY:

- Pain Medication & Antibiotics
- E-collar (cone post-surgery) to go home
- Microchip

STRONGLY RECOMMENDED:

Lab work (Wellness Panel) (\$100) *Screens internal organ function and checks complete blood cell count to ensure pet is healthy enough to undergo anesthesia.*

Initial here if choosing to decline services and that you understand the risks explained to you if services are not performed _____

I.V. Catheter and Fluids (\$50) *Having fluids during surgery can help maintain a proper blood pressure. The catheter allows direct access to the bloodstream in the event of an emergency to administer medications.*

Initial here if choosing to decline services and that you understand the risks explained to you if services are not performed _____

ADDITIONAL SERVICES:

- Nail Trim (\$18)
- Ear Cleaning (\$20)
- Anal Gland Expression (\$20)
- Paw Spa Package (\$35) *Bundles nail trim, ear cleaning and anal glands. Saves \$23!*

Canine: Rabies (\$20) DAPPV (\$25) Bordetella (\$25) Influenza (\$45) Leptospirosis (\$36)
 4DX Test (\$45) *In house blood test that detects heartworm disease and 3 other tick-borne diseases. A negative heartworm test is necessary if you'd like a heartworm preventative. Results same day.*
 Basic Fecal test (\$48) *Detects parasites such as hookworms or roundworms. Sent out to the lab, results back in 1-2 days.*

Feline: Rabies (\$20) FVRCP (\$25) FELV (\$45)
 Feline Snap Test (\$46) *In house blood test that detects FELV, FIV, and heartworm. A negative snap test is necessary if you'd like to get your cat the FELV vaccine. Results same day.*
 Basic Fecal test (\$48) *Detects parasites such as hookworms or roundworms. Sent out to the lab, results back in 1-2 days.*

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 understand that I am responsible for all costs associated with any medical recommendations made by the doctor on duty, including costs associated with unforeseen medical circumstances.

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 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 perform emergency lifesaving treatment. (Additional charge \$100 first 15 minutes). 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