

Surgical Release Form: Friends Of Animals

Date: _____

Dr: _____

Patient: _____

Owner: _____

I, the above undersigned, as owner of the above stated animal do give permission to Pottsgrove Animal Hospital and its medical staff to perform the following surgical procedure upon my animal.

Surgery: _____

Would you like your Animal
Micro Chipped Today Y___ N___
(Includes 1st Year Registration & Activation)

The Friends of Animals certificate you have presented as payment for your animal's surgery will cover the basic costs of the procedure. Our facility also provides additional procedures as part of your animals surgery. These additional items are for your animal's health and safety and are required for his/her surgery. These additions are not covered by your FOA certificate, and thus are an additional cost to you the owner.

These additional procedures include but are not exclusive to:

- Surgical Laser Scalpel
- Post-Operative Laser Therapy
- Bear Hugger Warming Blanket
- Anesthesia Monitors
- ACT (Activated Clotting Time) Bloodwork

PAH does also offer additional bloodwork for your animal. Pre-operative blood work offers an increased range of safety to your animal during surgery and anesthesia. It provides information in regards to the metabolic health of your animal and may indicate early stage diseases that may affect the life and health of your animal and increase the risk of anesthesia for your pet.

If your animal is over 7 years of age, a Pre-Op Blood Panel will be required prior to surgery.

If your animal is over 10 years of age, a CBC/Chemistry Blood Panel will be required prior to surgery.

____ Pre-op Blood Panel (Evaluates liver and kidney function)

____ CBC/Chemistry Panel (Evaluates all blood cells and metabolic functions)

____ I decline any additional blood work

We do provide pain medication during your animals hospital stay as part of our normal anesthetic protocol.

We also offer additional pain medication at an additional cost. Please check below if you wish additional pain medications to be dispensed.

___ Yes I want additional pain medication ___ I decline additional pain medications

Please check below if you wish any additional procedures performed while your pet is in our care.

Felv/FIV _____ HWT4dX _____ Anals _____ Fecal _____

Vaccines: _____ (Requires Office Exam Charge)

The Rabies vaccination MUST be done prior to surgery. If you DO NOT present the rabies certificate off at the time you check in for surgery, your animal WILL be given a Rabies vaccination before we can release it. You will be charged for an Office Exam and the vaccination fee. INITIALS: _____

I understand that if fleas or other parasites are seen on my animal while at Pottsgrove Animal Hospital, they will be treated by Pottsgrove Animal Hospital at the time of surgery. INITIALS: _____

I understand that my animal will be undergoing anesthesia with this procedure. I have been made aware of the risks of the anesthesia with this procedure. INITIALS: _____

If any changes in protocol, additional tests or procedures are recommended by our doctors, you will be contacted for permission prior to these procedures being performed. Please leave a contact number where you can be reached today.

** All quotes given are estimates of cost. Final costs may be different than estimates given.

** Any coupons or certificates for surgery must be presented at time of drop off. If not presented at time of drop off, then they cannot be accepted.

**Payment for all costs of surgery are required in full at time of discharge of completion of stay of patient at Pottsgrove Animal Hospital.

Signature: _____ Contact Number: _____

**Please give us a number WHERE YOU CAN BE REACHED in case of emergency with your animal.

