

Surgical Release Form

Date : \_\_\_\_\_

Dr : \_\_\_\_\_

Patient : \_\_\_\_\_

Owner : \_\_\_\_\_

I, the 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(\$78) Y\_\_\_ N\_\_\_  
(Includes 1<sup>st</sup> Year Registration & Activation)

PAH will perform blood work to analyze your animal's clotting ability. This is included in the cost of surgery.

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

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

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 an health of your animal and increase the risk of anesthesia for your pet.

\_\_\_\_\_ Pre-Op Blood Panel (Evaluates liver and kidney function) \$48.00

\_\_\_\_\_ CBC / Chemistry (Evaluates all blood cells and metabolic functions) \$90.00

\_\_\_\_\_ I decline any blood work (may be done ONLY IF patient is under 7 years of age)

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 medication

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

Fecal \_\_\_     Felv/FIV \_\_\_     HWT4dX \_\_\_     Anals \_\_\_

Vaccines : \_\_\_\_\_ (Requires \$40 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 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:\_\_\_\_\_

**Growth Removal Only:** I understand that it is recommended I have the growth removed from my animal submitted for laboratory biopsy. If I chose not to submit for biopsy, I understand PAH cannot be held liable for any subsequent complications that may arise from this decision. INITIALS:\_\_\_\_\_

Biopsy: \_\_\_\_\_ Y \_\_\_\_\_ N

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

If any changes in protocol or 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 or 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 an emergency with your animal.

