

Purrfurred Pets Veterinary Clinic 623-474-3877

Surgery Release Form

Client #:

Owner:  
Street:  
City:  
Email:

Post Surgery Phone:

Patient:

Breed:  
Color:  
Age:  
Sex:

Patient History

- What time did your pet last eat? \_\_\_\_\_
- Has your pet ever had a seizure or any other ongoing health concern?  Yes  No
- Has your pet ever had an allergic reaction to an insect bite/sting, vaccine, or medication?  Yes  No
- Is your pet currently taking any medications (antibiotic, aspirin, allergy, heartworm, etc.)?  Yes  No  
If yes, what medication? \_\_\_\_\_
- Has your pet had any signs of illness in the past 7 – 10 days? (circle all that apply)  Yes  No  
Coughing Sneezing Vomiting Diarrhea Fleas/Ticks Other \_\_\_\_\_
- Female: Date of last heat cycle \_\_\_\_\_ Pregnant  Yes  No
- When was your pet's last vaccination?  
Rabies: \_\_\_\_\_ Parvo/Distemper (dog): \_\_\_\_\_ FVRCP (cat): \_\_\_\_\_ Never been Vaccinated \_\_\_\_\_

**Pre-Surgical Bloodwork:** Before anesthetizing, any pet over the age of 5 years is required to have pre-surgical bloodwork and IV catheter and fluids to maximize patient safety and alert the doctor to possible health problems which could complicate the procedure.

Please initial here: \_\_\_\_\_

**E-Collar:** The use of an e-collar is required for all surgeries to prevent your pet from injuring their incision site. Injuries due to non-use may result in additional veterinary care. These costs shall be the responsibility of the pet owner. Please initial here: \_\_\_\_\_

**Aggressive/Difficult Animal:** If your pet is aggressive or difficult to handle you may be called to return to pick up your pet (within 30 minutes) or assist with sedating. A \$22.00 fee will be charged, and you may be required to stay with your pet until their surgery is complete and they are ready to go home. Please initial here: \_\_\_\_\_

If your pet has Fleas or Ticks, they will receive a dose of Frontline at the time of service for \$14. Please initial here: \_\_\_\_\_

Authorization and Release for Surgical Anesthesia (Pet listed above)

I am the legal owner of the pet listed above and to my knowledge they are in good health. I acknowledge the fact that all pre and post operative care is my responsibility. I authorize the use of anesthetics as required in the performance of these surgical procedures. I understand that some risk always exists with anesthesia and all surgical procedures. My signature on this form indicates that any questions I have regarding these issues have been answered to my satisfaction. I agree to indemnify and hold harmless Purrfurred Pets and the attending veterinarian from and against all liability arising out of the performance of all procedures referred to above. I understand that trained personnel **WILL NOT** attend hospitalized animals beyond regular office hours. I, the pet owner, or agent thereof, confirm that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

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

Resuscitate/Do Not Resuscitate – PLEASE INITIAL ONE

If my pet should have serious medical complications during the procedure, I request the following:

- I request life saving measures be initiated, up to and including emergency drugs and CPR if needed. I understand there are no guarantees of a successful outcome even when these procedures are performed. There will be a resuscitation fee of \$150, and I understand that I will be responsible for the additional costs that these measures have incurred. Please initial here: \_\_\_\_\_

OR

- I request no life saving measures be performed but do authorize the administration of additional drugs to assist with a humane euthanasia if my pet is suffering. I understand that I will be responsible for the additional costs of these efforts and cremation services. Please initial here: \_\_\_\_\_