

Countryside Animal Hospital
Surgical Release Form for General Procedures

I, _____, hereby authorize the veterinarians of Countryside
(Printed Name of Owner, Agent or Guardian)
Animal Hospital to perform upon _____ the following procedures (circle all
that apply) (Printed Name of Your Pet)
Spay/Neuter Declaw Dental Cleaning Growth Removal Other _____

I understand the nature and purpose of the procedures, risks involved and possible complications that could arise. I understand there are no guarantees or assurances of the outcome of said procedures. I understand that there will be administration of anesthesia and the inherent risks of its use, including potential death. Should an emergency arise calling for procedures in addition to, or different from those listed, that such procedures will be performed. I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

The following options are **ONLY** for pets being Spayed, Neutered, having minor growth removals or having Dental work done. For other Major Surgical procedures a Doctor will determine which of these are necessary for your pet to safely undergo surgery.

Please read carefully and indicate your choices:

These are optional choices and will increase the overall cost of any procedure by the amount indicated

(We recommend that if you are unsure of any of these options that you speak with a doctor to determine which are appropriate for your pet.)

- 1) **Pre-Anesthetic Lab Testing** at a cost of **\$39**. This will inform the doctor of the condition of the liver, kidneys, heart and general health of your pet.

_____ **Lab Work Approved**

_____ **Lab Work Declined**

- 2) **Intravenous Catheter and Fluids** at a cost of **\$30**. This will help maintain blood pressure, replace blood loss, speed recovery and allow quick administration of life saving drugs in the event of an emergency.

_____ **IV Catheter/Fluids Approved**

_____ **IV Catheter/Fluids Declined**

- 3) **Pain Management** will allow your pet to be more comfortable and have a faster recovery. We offer both **In-Hospital Pain Management** during your pet's stay with us as a single injection at a cost of **\$16**, and **Take Home Pain Management**, cost varies based on the size of your pet (**\$10-30**).

_____ **In-Hospital Pain Management Approved**

_____ **In-Hospital Pain Management Declined**

_____ **Take Home Pain Management Approved**

_____ **Take Home Pain Management Declined**

Growth Removals

If your pet is having growths removed please indicate the location of the growth(s) below:

_____ **Histopath** costs vary based on number of samples. The results inform us of type of tumor and possible treatment.

Dental Procedures

Sometimes during a dental cleaning, additional problems are detected and require further treatment such as tooth extractions, gum treatments, etc.

_____ **Please perform whatever procedures are necessary for the dental health of my pet; I understand there may be additional costs.**

If you do not approve, we will attempt to contact you before proceeding. However, if you cannot be reached the procedures in question will not be performed and may require future treatments and anesthesia procedures to correct.

While under anesthesia it is an opportune time to perform other procedures that may be difficult to do while your pet is awake. Please approve any that you wish to authorize:

Nail Trim (\$6)	_____ approved
Ear Cleaning (\$12)	_____ approved
Anal Gland Expression (\$10)	_____ approved

You have the option of having your **pet implanted with an AVID microchip**, a permanent identification source in case your pet is ever lost or stolen. Cost is \$65 for chip implantation and registration.

_____ **Implant the Microchip** _____ **Do NOT Implant the Microchip**

Signature

Date

I can be reached at the following numbers today:

Home

Work

Cell/Other