

Collar City Animal Hospital Surgery Release Form

Client: _____
Emergency Phone # _____

Patient: _____
Species: _____
Breed: _____
Sex: _____

I am the owner or agent for the above described pet and have authority to execute this consent.
I hereby consent and authorize the performance of the following procedure(s) or operation(s):

- ____ 1. I give my permission for a Pre-Anesthetic Blood Profile. (Required for pets 8 years of age and older)
____ 2. I decline the Pre Anesthetic Blood Profile and understand the risks associated by not performing this test on my pet today.
____ 3. I would like the Home Again Microchip Insertion.
____ 4. I decline the Home Again Microchip Insertion.
____ 5. I give my permission to remove any retained baby teeth should the veterinarian deem it necessary.
____ 6. I decline to remove any retained baby teeth.

For Mass Removals:

- ____ 7. I give my permission to send out samples for histopathology.
____ 8. I decline histopathology.

• I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

• I also authorize the use of appropriate anesthetics, and other medications, as deemed necessary by the veterinarian.

• I have been advised as to the nature of the procedure(s) or operation(s) and the inherent risks involved with anesthesia. I realize that results cannot be guaranteed.

I understand that in order to provide the safest anesthesia to Athena, a pre-anesthetic health profile should be performed PRIOR to surgery to ensure the safest environment for your pet while under anesthesia.

Pain medication may be prescribed by the veterinarian to manage your pet's condition at home.

I understand that if my pet is found to have fleas today that flea treatment will be applied at my expense.

I have read and understand this authorization and consent.

Signature of Owner or Agent

Witness

Date