

SURGICAL AND DENTAL RELEASE FORM

Date: _____ Pet Name(s): _____

MY PET HAS BEEN FASTED YES _____ NO _____

RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform _____ upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** Specifically I understand that because of the nature of general anesthesia, complications cannot always be predicted and may include permanent disability or death. I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

BLOOD WORK Staff check here if blood work already done- _____

Pre-anesthetic blood work is **strongly recommended**. Blood work helps our doctors to determine if the organs necessary for processing anesthesia are in good health and helps us to determine a relative risk for anesthesia. If your pet is **UNDER 7 YEARS**, you may choose whether or not he/she has pre-anesthetic blood work. **If your pet is 7 YEARS OR OLDER, pre-anesthetic blood work is required prior to surgery. There are two options for presurgical blood work, the basic or comprehensive panels. For all surgical patients, blood work provides the following information:**

- Assures proper kidney & liver function for processing anesthesia.
- Assures adequate oxygen carrying capacity and ability to fight infection and heal properly.
- Identifies “early warning” signs of major blood and organ dysfunction.
- Assures adequate platelets for blood clotting during surgery.

1.) The basic panel includes the following parameters:

- ~Packed Cell Volume (anemia) ~Total protein (healing capacity) ~Platelets (Clotting ability)
- ~Bun/Creatinine (Kidney function) ~ALT/ALKP(Liver function) ~Glucose (Blood sugar)
- ~WBC/white blood cell count (anemia or infection)

2.) The comprehensive panel tests for all of the above PLUS:

- ~Amylase/Lipase (Pancreatic) ~ALB/TP (Inflammation detection)
- ~T4 (Thyroid) ~Urinalysis (Kidney, Liver, Infection)

Please perform the basic panel.

Please perform the comprehensive panel.

My pet is under 7 years of age and I do not want either panel performed.

USE OF SURGICAL LASER WITH SPAYS & NEUTERS

A surgical laser “seals” nerves and vessels as it makes an incision thereby decreasing post operative discomfort and bleeding.

I elect the use of the surgical laser.

I decline the use of the surgical laser.

REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

EXTRACTIONS IF YOUR PET IS HAVING A DENTAL

In the event that we are unable to contact you at either phone number and we find that tooth/teeth extractions are necessary please indicate your wishes

Please perform the necessary extractions Do not perform the necessary extractions

ADDITIONAL PROCEDURES IF DESIRED

___ Nail trim ___ Ear cleaning ___ Microchip (\$10 off when under anesthesia)_____other

YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:

Emergency # _____ **Add'l emergency #** _____

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) _____ . I understand that full payment is due at time of pickup.

_____ **SIGNATURE**

DATE_____

Patient_____ (Canine/Feline) Cient ID_____

Veterinary Nurse initial_____

<u>PRODUCT</u>	<u>YES/ NO</u>
Oravet	_____
Oravet	_____
Toothbrush kit	_____
Oral Rinse	_____
Breathalizer	_____
Veggedent chews small 30 count	_____
Veggedent chews regular 30 count	_____
D/H	_____
Royal Canin Dental Food	_____