

SURGICAL RELEASE

CLIENT NAME _____ PET NAME _____
CLIENT NUMBER _____ TYPE OF SURGERY _____
TIME ADMITTED _____ ADMITTED BY _____

YES	NO		YES	NO	
()	()	Vaccinations current?	()	()	Eat this morning?
()	()	On heartworm prevention?	()	()	Allergic to any drugs/vaccines?
()	()	Stool check in the last six months?	()	()	Any illness or injuries in the past month?
()	()	Any recent vomiting, coughing, or diarrhea?	()	()	Currently on any medications?

ELECTIVE PROCEDURES TO BE DONE AT THE SAME TIME: (Each has an additional charge)

- () Vaccinations \$21-\$160
- () Heartworm test \$28
- () Stool check \$24
- () Microchip \$42
- () Dental cleaning \$155
- () Express anal glands \$23
- () Flush and treat ears \$15-\$70
- () Flush and treat eyes \$15-\$70
- () Remove retained puppy or kitten teeth \$5-\$10 per tooth
- () Laser Declaw- \$90 in addition to basic surgery
- () Remove skin growths (Location: _____)
- () Other (List: _____)

Signature/Date: _____

- When was the last time your pet was treated for fleas, & with what? _____
- If this was more than 3 days ago and fleas are present, I understand I will be charged up to \$25.00 for flea treatment.
- Also I am aware that there are additional charges if my pet is pregnant, in heat, or has retained testicles. Please initial _____

Thank you for bringing your pet to us for surgery. At St. Francis' Pet Hospital we use the safest, most up to date anesthesia available, but this does not absolve all risk. All anesthetics carry risks ranging from post-op nausea to death. While these occurrences are rare, they do happen occasionally, even though protective measures are taken. Please read the following and sign below.

I consent to the administration of such anesthetics as are necessary. I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and fully understand this authorization for surgical treatment. I understand that, in the event of an emergency, and/or if I am unable to be contacted at one of the telephone numbers listed below, the attending veterinarian has my permission to perform any treatment, use of anesthesia, and/or lab tests that serve in the best interest of my pet. In the case of unexpected circumstances, unless the life of the pet is in imminent danger, I wish that the attending veterinarian perform any necessary services only up to \$_____ in addition to already quoted approximate pricing. (Such services might include, but are not limited to, additional tooth extraction, non-routine surgical procedures, retained testical, foreign body removal, etc.) I understand that my listed cap for charges might limit the services the veterinarian can perform on my pet. I also assume financial responsibility for all charges incurred and agree to pay all such charges at the time of release for the patient.

FULL PAYMENT DUE AT TIME OF SERVICE

DATE _____ SIGNATURE _____

EMERGENCY PHONE NUMBER(S) _____

*****DISCHARGE ACKNOWLEDGEMENT*****

TIME SURGERY COMPLETED _____ TIME CLIENT WAS CALLED _____
CALLED BY _____ DISCHARGE TIME _____ DISCHARGED BY _____

Client Signature: _____

COMFORT AND CARE PACKAGE

(All options are in addition to the price of surgery)

Option 1 Entire Package

Comfort and Care Package

I understand that \$140.00 for the Comfort and Care package is in addition to the price of the surgery.

- Pre-Surgical Blood Screen
- Intra-dermal Sutures
- Cold Laser Therapy
- IV Line and Fluids
- Post Operative Analgesic
- \$249.90 - \$279.90 if done individually

Option 2 A La Carte

Pre-Surgical Blood Screen & Complete Blood Count (\$115.40)

- Evaluates liver, kidney, red blood cell count, and white blood cell count
- Reduces anesthetic risk
- Recommended for all ages
- Address problems before elective procedures

Intra-dermal Sutures (\$21.00)

- “Invisible stitches”
- No need to return for suture removal
- Decreased chance of pet chewing/licking at incision site
- **Doctor can choose to not perform intra-dermal sutures if it is not in the best interest of the patient**
- **REQUIRED FOR PETS THAT ARE DIFFICULT TO HANDLE OR AGGRESSIVE**

IV catheter and Fluids (\$23.50)

- Maintains blood pressure/hydration
- Saves time in case of anesthetic crisis

Post Operative Analgesic (\$25-\$45, Depending on weight)

- Injection extends pain relief for up to **12 hours**

Cold Laser Therapy (\$50)

- Cell repair stimulation
- Decreased Healing Time

Additional Pain Medication to go home (\$25-\$45, Depending on weight)

Option 3

Decline all elective options

I understand selecting option 1 & 2 will add additional costs to the surgery being performed today. I also understand that payment is due the same day as services.

Date _____ Signature _____