ROBINSON ANIMAL HOSPITAL
SURGICAL RELEASE FORM

Date: _____   Pet Name(s): _____ Owner: _____

RELEASE
I hereby consent and authorize Robinson 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 surgical procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

REQUIRED VACCINES AND TESTS
Canine: Distemper/Parvo, Rabies, Bordetella, Heartworm 4DX test, Fecal
Feline: Feline Distemper, Rabies, Fecal
          *Feline Leukemia/FIV test required for outdoor cats more than 1 year past due on Leukemia vaccine
I understand that all pets entering the hospital must be up to date on all **vaccinations and laboratory test listed above** 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 parasites or internal parasites found, they will be treated at an additional cost.

RETAINED BABY TEETH
If your pet has retained baby teeth, we recommend that these be extracted at the time of surgery. There is an additional charge to perform this procedure and cost can vary depending on which baby teeth are retained and how many. If your pet has retained baby teeth, would you like us to extract them at this surgical procedure? Yes_____ No_____

IN-HEAT/PREGNANT
If your female pet is "In-heat" or pregnant at the time of ovariohysterectomy (spay), there is an additional charge.
*Sometimes there is no external visual evidence that a pet is "in-heat" or pregnant. It is sometimes not discovered until the uterus itself is examined during the procedure, so we may not know prior to the surgery. However, if during the pre-surgical exam we discover your pet is "in-heat" or pregnant, do you want us to continue with the ovariohysterectomy (spay)? Yes_____ No_____

BLOODWORK   ~Staff check here if bloodwork done within 30 days: _____
Pre-anesthetic bloodwork is **strongly recommended.** Bloodwork 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 bloodwork. **If your pet is 7 YEARS OR OLDER, pre-anesthetic bloodwork is required prior to surgery.**
_____I choose the pre-anesthetic bloodwork and understand there is an additional charge.
_____I decline the pre-anesthetic bloodwork, my pet is under 7 years of age.

IV CATHETERIZATION AND FLUIDS
Placing an IV catheter and administering IV fluids during surgery helps to decrease surgical recovery time and allows immediate access to a vein for life-saving procedures if an emergency arises.
For this reason an IV Catheter and fluids are included with all of our surgery procedures, at no additional charge.

ADDITIONAL PROCEDURES IF DESIRED (additional cost)
    ___Ear cleaning ___ Microchip ___Anal Glands ____Sanitary Clip

MY PET HAS NOT HAD ACCESS TO FOOD WITH IN THE PAST 12 HOURS: YES____NO____
Last had access to (time of day) Food _____ Water _____

Please leave a number where you can be reached today: _____If we are unable to reach you, do you
have alternate contact? Name: _____Number: _____

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner (or agent for the owner of) _____. I understand that full payment is due at time of pickup and if I want an estimate for the procedure I must request one prior to the procedure(s).
 Signature: _____   Date: _____