

Animal Care Hospital of Reynoldsburg

This is our surgery release form. Please feel free to print it out and determine what procedures other than the surgery you might possibly want done. A copy of this release form will be given to you to sign when your pet is checked in the day of its scheduled surgery.

For procedures before the day of surgery please visit the Pre Surgical Procedures page on our website.

Client Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Pet name: _____ Breed: _____

Age: _____ Color: _____

Phone #: _____

Emergency #: _____

Sex: _____

Precautions: _____

Procedure(s)**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Estimated Cost of Surgery \$ _____

ADDITIONAL SERVICES (Please check if you would like them done.)

Toe nail trim is free during surgery

___ Microchipping \$ _____

___ Annual Vaccine \$ _____

___ Rabies Vaccine \$ _____

___ Heartworm Check \$ _____

___ Heartworm Prevention \$ _____

___ Anal Sacs \$ _____

___ Fecal \$ _____

___ Scale Teeth	\$ _____
___ Ear Cleaning	\$ _____
___ Flea/Tick Prevention	\$ _____
___ Clip Mats	\$ _____
___ Other _____	\$ _____

NOTES: _____

**** PAIN MEDICATION MAY BE GIVEN AT THE DR.'S DISCRETION AND CHARGED APPROPRIATELY ****

Advances in anesthetic and surgery have made veterinary procedures very safe. However, occasional problems can arise due to pre-existing conditions not evident during routine examination. For this reason, we recommend a presurgical blood screen to help evaluate overall body health. Due to age, pets over 8 years are required to have a full profile.

Under Eight Years of Age: Yes ___ No: ___

Over Eight Years of Age: Required

Age: _____ Color: _____

I, the owner (or agent of the owner) of this animal authorize the above procedures to be carried out and understand that all medical and surgical treatments carry some risks. I understand unforeseen conditions may be revealed or develop and authorize the doctor to use his/her professional judgement to manage accordingly.

I understand that the fees stated are only an estimate. If the total fee is expected to exceed 20% of the quoted estimated fee, every attempt will be made to contact me. However, unforeseen circumstances may warrant these additional services or procedures.

I understand that all fees are to be paid at the time of release unless prior arrangements have been made. I have read and understand this authorization.

_____ Date: _____