

# SURGICAL RELEASE FORM

## All Creatures Veterinary Hospital

### Main Hospital

4549 Hwy. 62 West  
Mountain Home, AR 72653  
(870) 425-5175

### Lakeside Hospital

5419 Hwy. 62 East  
Mountain Home, AR 72653  
(870) 492-2058

### Midway Animal Clinic

84 CR 1083  
Midway, AR 72651  
(870) 481-6369



Date \_\_\_\_\_ Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Have you withheld food and water since at least midnight? \_\_\_\_\_ Yes \_\_\_\_\_ No

Prior to fasting, has your pet been eating, drinking, and going to the bathroom normally? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any concerns a veterinarian should be aware of before surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PRESURGICAL BLOODWORK:** Occasional problems can arise due to pre-existing conditions of the liver and kidneys. To avoid these problems we recommend that your pet be screened upon admission by means of a blood test. Would you like your pet to have pre-surgical bloodwork? (\$105) \_\_\_\_\_ Yes \_\_\_\_\_ No

**PAIN MEDICATION:** It has been shown that the use of pain medication promotes faster healing and recovery. Therefore, in addition to anesthesia, **your pet will receive a pain relief injection with surgery and it is included in the cost of the procedure.** We also recommend sending pain medication home.

Would you like oral pain medication sent home with your pet? (\$10-\$20) \_\_\_\_\_ Yes \_\_\_\_\_ No

**MICROCHIP:** We recommend having your pet microchipped while under anesthesia. We register your pet for you and registration is 100% free! When microchipped, cats are 20 times and dogs 2 ½ times more likely to be returned home. Would you like your pet to be microchipped? (\$30) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, we will need your email to register your pet:

**E-Mail:** \_\_\_\_\_ @ \_\_\_\_\_

**FOR ALL SURGICAL PROCEDURES WHICH REQUIRE SUTURES WE STRONGLY RECOMMEND THAT YOU TAKE AN E-COLLAR OR MEDICAL PET SHIRT HOME FOR YOUR PET. IF YOUR PET HAS TO COME BACK DUE TO LICKING OR CHEWING AT THE INCISION AND YOU HAVE CHOSEN NOT TO AN E-COLLAR YOU WILL BE RESPONSIBLE FOR ALL CHARGES.**

**WOULD YOU LIKE AN E-COLLAR SENT HOME WITH YOUR PET TODAY?** \$20.00 \_\_\_\_\_ YES \_\_\_\_\_ NO

or

**WOULD YOU LIKE A MEDICAL PET SHIRT SENT HOME WITH YOUR PET TODAY?** \$30.00 \_\_\_\_\_ YES \_\_\_\_\_ NO

# SURGICAL RELEASE FORM

Please check the surgery your pet is here for and any other services your pet needs to be updated on while here

## CATS ONLY:

- SPAY (\$139)
- NEUTER (\$58)
- DECLAW:  FRONT (\$212)  ALL FOUR (\$303)
- LUMP REMOVAL (\$109- \$303) SEE NEXT LINE
- SEND LUMP TO LAB (BIOPSY - \$150-\$189)*
- OTHER \_\_\_\_\_

## OTHER RECOMMENDATIONS FOR CATS:

- FIV/FELV TEST (\$66)
- This test is recommended for all untested cats. It tests for feline leukemia virus and feline aids. It is vital in knowing your cat's health and the risks imposed on other cats you have.

- FELINE LEUKEMIA VACCINE (\$24)
- FELINE DISTEMPER VACCINE (\$24)
- FELINE RABIES VACCINE (\$19)

All three feline vaccines are recommended for every cat. A cat getting leukemia or distemper vaccine for the first time should have it boosted in 3-4 weeks.

## CATS and DOGS additional surgery services:

- Trim my pet's nails if indicated (No charge on day of surgery)
- Perform a fecal exam (No charge on day of surgery)

For all surgical procedures, we require proof of rabies vaccination given by a licensed veterinarian. If proof cannot be provided, the rabies vaccination will be given at your expense.

Additional fees of \$38-\$80 will be charged for animals that are in heat or pregnant. If it is discovered that your pet is pregnant during surgery, the fetus(es) will be aborted. If you would like to have your pet checked for pregnancy (\$135) to avoid abortion, you must let a staff member know.

If your pet is infested with fleas and ticks, it will be treated at your expense. If your pet is soiled upon arrival and needs bathing, it will be done at your expense.

Post surgery vomiting: Some patients experience nausea and vomiting coming out of anesthesia. If this happens we will administer an anti-nausea injection at your expense. Prices vary depending on the weight of the patient.

Please initial that you have read our policies above \_\_\_\_\_

\*\*You will be contacted if any complications should arise during surgery. You will be contacted with an update of your pet's status once your pet is out of surgery and in recovery. Please leave a number that we can reach today\*\*

**\*\*PHONE NUMBER\*\*** \_\_\_\_\_

I hereby give my permission to the Doctor(s) and Staff of All Creatures Veterinary Hospital, Mountain Home, perform the above procedures(s). I understand that sedation and/or anesthesia will be necessary in order to perform the(se) procedure(s). I understand that any time under sedation, anesthesia, or above listed medical procedure(s) are preformed there is some risk to my pet. I realize that no guarantee can ethically be made regarding the results of the(se) procedure(s). I understand that I assume financial responsibility for all services rendered and that payment is due on the date of the surgery.

Signature \_\_\_\_\_

Date \_\_\_\_\_

SEE BACK. Complete page 2