SURGERY and ANESTHESIA RELEASE - CANINE

Client Name: ________________________________   Pet Name: _________________________

Surgical Procedure:
____ Spay - Female          ____ C-Section       ____ Neuter - Male
____ Dental Prophylaxis - Cleaning with possible extractions as needed.
____ Dew Claw Removal
____ Other ____________________________

Additional Procedures and Services:  NOT PAID FOR BY RESCUE ORGANIZATIONS!
Pre-Surgical Blood Work: ____Yes ____No - This test is performed prior to surgery to evaluate the kidneys and liver and check the blood sugar to rule out diseased which could result in complications during surgery. Animals over 5 years old are at a higher risk than younger animals. There is an additional charge of $58 for Blood Work.

Post-Operative Pain Management: ____Yes ____No - Unless requested not to, we will administer a postoperative pain medication to make recovery easier. In most cases, this is included. For circumstances where it is not included, an additional charge ranging from $0-$30 will be added. If you have any questions concerning when pain management is included, please talk with your doctor.

Heartworm Exam: ____Yes ____No - It is recommended that pets also be given an internal parasite screening for heartworms and intestinal parasites. There is an additional charge of $35 for Heart Worm Exam.

Flea/Tick Control: ____Yes ____No - If fleas or ticks are found on your pet they will be treated with a single dose of Frontline/Advantage. There is an additional charge of $20-$40 for Flea/Tick Control.

Nail Trim: ____Yes ____No - Please indicate if you would like your pet's nails trimmed during their procedure. There is an additional charge of $10 for nail trim.

Anal Glands Expression: ____Yes ____No - Please indicate if you would like your pet's anal glands expressed during their procedure. There is an additional charge of $10.

Consent:
I am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent.

I hereby give Dr. Chepelevich and Red Rocks Animal Center, and any authorized agents, staff, or representatives of this facility, my consent and authorize them to perform the described operations or procedures.

The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications, including death, associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signed: ____________________________________   Date: _____________________________