SURGICAL AND DENTAL RELEASE FORM

CLIENT NAME ________________________________

DATE OF SERVICE ______________________________

PET NAME ________________________________ AGE ______

Canine ____   Feline _____ Male ___ Female ____ Spayed/Neutered_____

Surgery to be performed today ________________________________

Has your pet eaten since 10pm last night?   yes____      no ______

Any vaccine reactions in the past?                yes___       no ______

Any known allergies to food, medication, or anesthetic agents?  yes___no__

If yes, please explain ______________________________________________________________

Does your pet have seizures?  yes____no____ If yes, what medication __________________

When was medication given last?  ________________________

Is your pet up-to-date on all vaccinations?  yes _______ no ___________

If we do not have a record on /f_ile of a current Rabies vaccination, your pet will be updated today

TODAY YOUR PET MAY RECEIVE:

PRE-ANESTHETIC BLOODWORK- Many conditions such as disorders of the kidneys, liver and blood are only detectable through blood testing. Testing prior to surgery is necessary to be sure the kidneys and liver are able to process the anesthesia. It also ensures the blood can carry oxygen to the organs, that your pet’s immune system can adequately fight infection, and that your pet has adequate platelets for blood clotting. If abnormalities are detected, my pet’s surgery may be delayed or cancelled.

ANTIBIOTICS - An antibiotic injection will be given prior to the procedure. If antibiotics are needed after my pet’s procedure I understand there will be an extra charge.
INTRAVENOUS CATHETER - An IV catheter and fluids help to maintain blood pressure, replace blood loss, speed recovery and allows for quick administration of life-saving drugs in the event of an emergency. It is necessary to shave the hair from a portion of your pets’ leg when placing an IV catheter. For your pets’ safety, all pets getting any dental procedure or complicated surgery will receive an IV catheter and fluids. Pets under seven years of age getting routine surgery will only receive a catheter at the discretion of the surgeon.

PAIN MEDICATION – All surgical procedures include an injection of pain and anti-inflammatory medications that lasts 12-24 hours. Oral pain medications will be sent home for continued comfort.

Please initial any of the following additional procedures you would like us to perform today at an additional cost?
___Anal Gland Expression  _____Heartworm Test  ____ Retained baby teeth
___Microchip Placement and Registration ($16.00)  _____Intestinal Parasite Check
___Nail Trim (no charge)

*Please acknowledge that you did receive an estimated treatment plan for the surgery/dental in the sum of $________________

Client Signature                                           Client Printed Name                                           Date

STATEMENT OF OWNERSHIP AND TREATMENT CONSENT
I am the owner, responsible agent, or authorized agent of this animal and am able to make medical decisions for this animal. I understand that there are risks involved with any surgery or procedure, including death and that results cannot be guaranteed. I authorize the veterinarians and staff or designated agents of the Panther Creek Pet Clinic to perform all procedures set forth above including surgery, treatment laboratory tests, medications and anesthetics.

IN CASE OF AN EMERGENCY: Please initial
____I authorize Panther Creek Pet Clinic to implement life-saving measures, including CPR for my pet if emergency treatment and life-saving measures are needed. I accept full financial responsibility for all charges related to the treatment of my pet.

____ I DO NOT authorize Panther Creek Pet Clinic to implement life-saving measures, including CPR for my pet if emergency treatment and life-saving measures are needed.

ABANDONMENT
Furthermore, I understand and agree if my pet is abandoned at Panther Creek Pet Clinic without prior arrangements being made, Panther Creek Pet Clinic will contact me by certified mail at the address I have provided. I then have (10) days to retrieve my pet and pay boarding fees. If I have not made contact with Panther Creek Pet Clinic on or before the tenth (10th) day, Panther Creek Pet Clinic receives complete ownership of the pet.
I agree to pay in full for services performed, including those deemed necessary for medical or surgical complications, or unforeseen circumstances.

Client Signature  Client Printed Name  Date

PHONE NUMBERS WHERE YOU CAN DEFINITELY BE REACHED TODAY

PLEASE CIRCLE YOUR PREFERENCE

HOME: ________________________________________________________________________
CELL: ________________________________________________________________________
WORK: ________________________________________________________________________

DENTAL PROCEDURES

Our dental cleanings include gas anesthesia, patient monitoring, a sterile instrument pack, dental charting and recovery in addition to dental scaling, polishing and a fluoride treatment. Other items may be necessary at an additional cost such as:

Dental Xrays - Necessary to determine conditions that aren’t readily visible.
Doxyroble - Long-acting antibiotic polymer applied directly into deep pockets to preserve tooth integrity.
Oravet - Post Procedure prophylaxis – See attached sheet