

KILGORE SMALL ANIMAL HOSPITAL

Surgery Release Form

Owner Name: _____ Emergency Phone: _____

Pet Name: _____ Species: _____ Breed: _____

() Male () Female Color: _____ Age: _____

I, as the owner/authorized caretaker of the above animal, do hereby consent and direct Kilgore Small Animal Hospital to perform the following procedures:

You are to use all reasonable precautions against injury, escape, or death of my pet. I understand all anesthesia involves some minimal risk to my pet, but Kilgore Small Animal Hospital will not be held liable or responsible in any manner whatsoever or under any circumstances in connection therewith, as it is thoroughly understood that I assume all risks.

In order to provide the best care and highest level of safety for your pet, all patients undergoing general anesthesia will have age appropriate pre-anesthetic blood screening done. This may include a heartworm test for dogs and/or a FLV/FIV test for cats, as the doctor deems necessary.

Additional supportive or recovery measures, including but not limited to, IV fluids, will be provided as needed at the doctor's discretion. Those costs will be in addition to any quotes or estimates you may have already received.

YES _____ / NO, do not _____, give post surgical pain medication for my pet.

DENTAL PATIENTS: During a dental cleaning, the veterinarian may detect a tooth or teeth that are diseased and should be extracted. Since this is an additional service, the veterinarian needs your permission prior to extractions.

YES _____, I give permission for necessary extractions to be performed. Please do not prolong my pet's procedure to contact me. NO _____, do not extract any teeth without contacting me first. Phone: _____.

MICROCHIP IDENTIFICATION: This is a type of permanent identification for your pet. A microchip with an identification number is injected under the skin of your pet. The chip is then registered, with your pet's information, throughout the United States and Canada. Many shelters and veterinary hospitals have the equipment to read these chips, therefore your pet's chances of being returned home are greatly increased.

YES _____, I would like my pet to have an identification microchip. NO _____, Do not microchip my pet.

Signature: _____ Date: _____