

**MURRAY COUNTY VETERINARY SERVICES
SURGERY RELEASE FORM**

Pet name _____ Surgery to be performed _____

Please answer the following questions regarding your pet's history:

___ Yes ___ No Has your pet had distemper/parvo vaccination within the last 12 months?

___ Yes ___ No Has your pet had a rabies vaccination within the last 12 months?

___ Yes ___ No Is your dog on heartworm prevention?

___ Yes ___ No Has your pet been checked for internal parasites in the last six months?

___ Yes ___ No Any vomiting, coughing or diarrhea noted?

___ Yes ___ No Has your pet eaten this morning?

___ Yes ___ No Has your pet been ill or injured in the past 30 days?

___ Yes ___ No Is your pet allergic to any medications? If so what? _____

BLOODWORK: We recommend a basic blood panel before surgery to help detect any internal problems that may not be evident upon a physical examination. The basic panel checks liver and kidney function only. Although it does not eliminate all the risks of anesthesia, it does help detect if your pet might have a problem processing the anesthetic. The cost of the basic blood panel is up to \$ 60. **THIS BLOODWORK(\$60) and IV FLUIDS (\$60) ARE MANDATORY IF YOUR PET IS OLDER THAN 6 YEARS or HIGH RISK.**

___ YES, I do want the recommended blood panel ___ NO, I do not want the recommended blood panel

PAIN MEDICATION: Pain medication is provided while under anesthesia, and we give an injection of a pain medication that lasts 24 hours. However, please remember that this is invasive surgery. Pain medication for 3-5 days can also be dispensed. These medications are generally safe, but like any pain medication there are rare side-effects, which could include effects on the kidneys or intestinal bleeding.

___ YES, I do want pain meds to go home (dogs only)

___ NO, I do not want pain meds to go home (dogs only)

MICROCHIP: We can insert the Datamars Microfinder chip in your pet. The \$40.00 charge includes placement; you register the chip at home but there is no additional charge. The chip is good for life.

___ YES, I do want a microchip ___ NO, I do not want my pet microchipped

FLEAS/TICKS: *For the comfort and protection of our other patients, there is an additional charge (up to \$30) if we have to treat your pet for fleas and/or ticks.*

PLEASE READ AND SIGN: I am the owner or agent for the above animal and have the authority to execute this consent and authorization of the above named surgery(s). I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed. While we make every effort to prevent side effects or death while under anesthesia, unpredictable reactions do rarely occur that may cause illness or death. By signing below, I indicate that the possibility of illness or death as a risk of any anesthetic and surgical procedure have been explained to me to my satisfaction. I have read and understand this authorization and consent.

Signature

Phone Number

Date