

**Mount Berry Animal Hospital
2965 Martha Berry Highway
Rome, GA 30165
(706)232-0364**

Surgery Release Form

Client Name: _____ **Pet Name:** _____
Address: _____ **Breed:** _____
City/State/Zip: _____ **Sex/Altered?** _____
Telephone: _____ **Color:** _____
Age: _____
Weight: _____

Pre-Surgical exams are required for ALL pets that have not been examined within 6 months
Please answer the following questions regarding your pet's history:

- ___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? _____

We recommend a blood panel be run before the surgery to help detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample. The cost of the recommended blood panel is \$. .

Pain medication, consisting of 1 injection prior to surgery as well as take home tablets or liquid is required for all surgical procedures. The cost of the pain medication is \$. .

Yes, I do or No, I do not (please circle) want the recommended blood panel _____

Would you like to have any additional procedure(s) done while your pet is under anesthesia? If so what?

Telephone number where the owner can be reached _____

Surgery to be performed _____

I am the owner or agent for the above described 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 and desirable in the exercise of the veterinarian's professional judgement. 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.

I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

date signature of owner or agent