



Bridges Professional Park Animal Hospital
214 Commerce Ave.
Morehead City, N.C. 28557
252-247-5595
Surgery Release Form

Client name: _____

Patient name: _____

PET HISTORY:

Are your pet's vaccinations current **YES** _____ **NO** _____

Yes No

() () Is your pet on heartworm preventive?

() () Has your pet been checked for intestinal parasites in the last 6 months?

() () Did your pet eat this morning?

() () Is your pet allergic to any drugs?

() () Has your pet had any illness or injury in the last 30 days?

() () Any history of seizures and/or previous anesthetic problems?

() () Current medications? _____

() () Did you give medications this morning?

Procedure to Be Performed:

Extra procedures to be done at the same time for an additional fee:

For the enhanced protection of our patients, we recommend pre-surgical screening of all pets prior to administration of anesthetics. Please initial your desires below:

Basic Pre-anesthetic Profile includes a hematocrit and blood chemistries (BUN, Glucose, Creatinine, ALT) which will check kidney and liver function. **YES** _____ **NO** _____

Extended Pre-anesthetic Profile includes a complete blood count including platelet count, hematocrit and blood chemistries (Bun, Glucose, Creatinine, ALT). YES_____ NO_____

() Nail Trim () Microchip Implant () Ear Cleaning () Apply Flea Product

() Other _____

Owner Release:

A pain management injection is administered prior to your pet's surgery and is included in the surgery cost, however there may be additional costs for additional pain management if the Doctor feels the patient needs it to be comfortable post-op, you may also need additional oral pain medication and antibiotics dispensed at discharge time. I understand that I assume all responsibility for additional risks/complications resulting from refusal of such medications and/or antibiotics.

Deposit Policy:

A surgery deposit is required, you will be asked to leave a 50.00 deposit upon scheduling the surgery appointment. This deposit is nonrefundable if you cancel the appointment less than 24 hours in advance. The day of the surgery you will be asked to leave a 75% deposit at the time of drop off the morning of the surgery. The balance will be due at discharge.

Bridges Professional Park Animal Hospital accepts no responsibility other than for providing reasonable care for my pet. If my pet is involved in escape attempts, refusal to eat, soiling itself, illness or death during its stay at Bridges Professional Park Animal Hospital.

I understand that anesthesia, surgery, as well as pre and post care treatment of my pet always involves some degree of unavoidable risk. In the absence of negligence, I release Bridges Professional Park Animal Hospital and staff from liability resulting in injury or death as a result of activities involving preparation for surgery, and post care of my pet. I further understand that Bridges Professional Park Animal Hospital gives no guarantee or assurance as to the outcome of the surgery. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision that you deem to be in the best interest for my pet. **I have read and accept the terms of this surgery release document.**

Signature _____ Date _____
Owner/Agent

Phone number where you can be reached today:

Work number _____

Cell number _____

Home Number _____

Spouse / Family member _____

Is there anything else we should know regarding you or your pet today?
