



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

Yes No

- Is your pet on heartworm preventive?
- Did your pet eat this morning?
- Is your pet allergic to any drugs?
- Has your pet had any illness or injury in the past 30 days?
- Any history of seizures and/or previous anesthetic problems
- Current medications? \_\_\_\_\_

- Nail Trim
- Microchip implant
- Ear Cleaning
- Remove Warts/Skin Growth (Location: \_\_\_\_\_)
- Other \_\_\_\_\_

### Owner Release:

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

**IV Catheter:** \$44.00 YES  NO

**Pre-anesthetic Profile:** \$162.00 and includes a complete blood count and complete Diagnostic chemistry profile (*Required for pets 7 yrs and older*) YES  NO

**Pre-anesthetic Electrocardiogram (ECG):** \$86.00 YES  NO

**Comfort Plus Anti-Nausea Medication: Price based on weight** YES  NO

I, the undersigned owner or agent of the pet identified above, authorize the staff of Bridges Professional Park Animal Hospital to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures.

I give my permission [yes]:  I do not give my permission [no]:

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A complete physical exam will be performed on your pet prior to the surgical procedure if it has been longer than 30 days since the last exam. However, this may not identify all systemic or metabolic problems. For this reason, your pet will have a pre-anesthetic blood panel to evaluate major organ functions prior to anesthesia.

Would you like your pet to have an Elizabethan Collar YES  NO

If this procedure includes a mass removal. Would you like a pathology report? (\$139.00) YES  NO

If this procedure includes a dental. Would you liked to be called about extractions?  NO

YES If your pet is in heat or pregnant an extra cost is added.

I have read and fully understand the terms and conditions set forth above.

Signature of  
Owner:

\_\_\_\_\_

Date:

\_\_\_\_\_

Phone number(s) at which owner can be reached today or tomorrow:

Is there anything else we should know? \_\_\_\_\_