

Salado Veterinary Hospital

TREATMENT AND SURGICAL RELEASE FORM

Today's Date: _____

OFFICE USE ONLY Deposit: _____

Owner's Name: _____

Pet's Name: _____

Please leave 2 phone numbers that you can be

Breed: _____

reached at. _____ TEXT

Color of Pet: _____

_____ CALL

Vaccine/Anesthetic Reactions: _____

Please check all procedures that you would like us to perform on your pet today.

Pain Management Injection **(Recommended)**

Dental
(Extractions if needed—additional charge applied)

Pain Medication to Take Home

Spay (additional fee charged if pregnant or in heat)

Other: _____

Neuter (additional fee charged if cryptorchid)

Declaw (front paws)

Microchip \$48.00

Growth Removal

IV Catheter and fluids

(Location: _____

Pre-Surgical Bloodwork **(Strongly advised for pets 7+ yrs old)**

_____)

CBC

Complete Blood Count: Tests for anemia, infection, clotting disorders

Chem10

Tests liver and kidney function, along with blood glucose and electrolyte levels.

Pathology Histopath

For our CANINE patients, we recommend the following vaccines and lab tests annually.

DHPPVL (distemper/Parvo/Lepto combo)

Rattlesnake (Optional) (Circle: 1st 2nd Annual)

Bordatella (kennel cough)

Heartworm test

Rabies

Fecal Test (for intestinal parasites)

For our FELINE patients, we recommend the following vaccines annually.

Other Testing

FVRCP (distemper and upper respiratory disease)

Fecal Test (intestinal parasites)

FELV (feline leukemia)

Feline Leukemia/AIDS Test

Rabies

Other Procedures:

Other: _____

Toenail Trim

Express Anal Glands

Toenail Grind

If we notice parasites on your pet, we will treat your pet accordingly at the owner's expense.

Signature: _____

Date: _____

Salado Veterinary Hospital

LIABILITY RELEASE FORM

I am the owner (or agent for the owner) of _____ and have the authority to execute the consent. I hereby give permission and authorize the performance of the aforementioned procedure(s).

I have been advised as to the nature of the procedure(s). I understand the risks involved may include such conditions as excessive bleeding, coughing after surgery, and sudden death. I understand that results cannot be guaranteed. I further authorize the use of anesthetics and other medications as deemed necessary by the veterinarian and understand that hospital personnel may be employed in those procedure(s) as directed by the veterinarian.

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that make the animal's medical condition different than expected. This may necessitate altering the procedure(s) set forth on page 1. Therefore, I fully consent to and authorize the performance of such altered procedure(s) and/or additional procedure(s) as may be necessary and desirable in the exercise of the veterinarian's professional judgment.

I have provided known medical information affecting the procedure(s).

If your pet is scheduled for a surgical procedure, please confirm that the aforementioned animal has not had food or water in the past ten (10) hours.

I ALSO UNDERSTAND THAT PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE.

Signature of owner or agent: _____ Date: _____