

Salado Veterinary Hospital

TREATMENT AND SURGICAL RELEASE FORM

Today's Date: _____

Owner's Name: _____

Pet's Name: _____

Please leave 2 phone numbers that you can be reached at. _____

Breed: _____

Color of Pet: _____

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

Post Surgical Pain Management (at doctor's discretion)

Dental
(Extractions if needed)

Spay (additional fee charged if pregnant or in heat)

Other _____

Neuter (additional fee charged if cryptorchid)

Declaw (front paws)

Microchip

Growth Removal

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

(Location: _____
_____)

CBC \$55.00

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

Chem12 \$68.00

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

T4 \$37.50

Tests thyroid levels

Pathology Histopath \$165.00

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

DHPPV (distemper/parvo combo) w lepto

Rattlesnake (Optional) 1st 2st 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:

Bath

Toenail Trim

Express Anal Glands

Toenail Grind

Other: _____

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

Signature: _____

Date: _____

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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.

Signature of owner or agent: _____

Date : _____