



# ELMBROOK VETERINARY CLINIC SURGICAL/DENTAL RELEASE FORM

Pet's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Procedure(s) to be performed:     GROWTH REMOVAL AND DENTAL PROCEDURE     Any period of anesthesia and surgery entails a certain amount of risk, particularly to older pets and pets with known medical problems. The following checklist comprises all of the options to help your pet sail through surgery and recover quickly.

**PLEASE INITIAL THE BOXES OF THE OPTIONS YOU APPROVE:**

**MICROCHIP:**     Already microchipped                       Needs                       Declined

**ADDITIONAL CHARGE ITEMS:**

**BLOODWORK: \$95-\$128**     Basic                       Comprehensive                       Already done

*Mandatory for all ages. Ages 0-5: basic panel required. Ages 6+ comprehensive panel required. It is optional for ages 0-5 to do a basic or comprehensive panel. Blood Screens indicate how well your pet may handle anesthetic and are preferably done one week before the procedure but may be done the day of the surgery as well.*

**Histopathology:** sending growth out for examination                       Yes                       No

**Would you like us to send an E-Collar home:**                       Yes                       No

Hard Collar                       Soft Collar

**ADDITIONAL DENTAL CHARGE ITEMS:**

**EXTRACTIONS:**     As needed     Call First    This is **NOT** recommended. Although it is comforting to know the amount of work and cost for the extractions before they are done, it is often difficult to reach you in a timely manner. This prolongs time under anesthesia for your pet. Know that we make every effort to preserve the healthy teeth and would only remove diseased teeth. IF WE ARE UNABLE TO REACH YOU, NO TEETH WILL BE EXTRACTED.

**In the past 10 days, has your pet shown any of these symptoms? Check all that apply:**

- Vomiting     Diarrhea     Abnormal Stool     Pain/Distress     Odd Behavior
- Coughing     Runny Eyes/Nose     Endurance Loss    Other \_\_\_\_\_     None

**Has your pet ever had any problems with . . . check all that apply:**     Heart

- Liver     Kidneys     Seizures     Bronchitis     Allergies     Cancer     None

**Is your pet currently taking any prescription or over the counter medications or vitamins?**     No     Yes

If so, please list all meds and vitamins: \_\_\_\_\_

**Has your pet had food after 10 pm?**                       Yes                       No

**Has your pet had water after 6 am?**                       Yes                       No

**Is your pet currently up-to-date on vaccinations?**                       Yes                       No

*I understand that any period of anesthesia entails some risk, which I accept. I have initialed the options that I would like to have performed at the time of the procedure. The following contact number will allow Elmbrook Veterinary Clinic to contact me between the hours of 9AM and 2PM in case the doctor has a question or concerns.*

**Signature:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_