



ELMBROOK VETERINARY CLINIC SPAY/NEUTER RELEASE FORM

Pet's Name: _____	Today's Date: _____
Owner's Name: _____	Phone: _____
Procedure(s) to be performed: _____	

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 CHECK THE BOXES OF THE OPTIONS YOU APPROVE:

MICROCHIP: Already microchipped Needs Declined

ADDITIONAL CHARGE ITEMS:

BLOODWORK: \$105-\$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.

Would you like us to send an E-Collar home ("Cone of shame"): Yes No

If yes – Hard Collar or Soft Collar

For Spay: When was last heat cycle _____

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 If so, please list all meds and vitamins and when given: _____

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:** () _____