

**Northgate Animal Hospital
3616 N. Thomas
Memphis, TN. 38127
901-358-9111**

Surgery Release Form

Client ID :

Client Name :

Spouse :

Address :

City / State / Zip :

Telephone :

Patient ID :

Name :

Species :

Breed :

Sex / Altered :

Color :

Weight :

Birth Date :

Doctor: Dr. Tracy Gullett

- Yes No Is your pet on heartworm prevention? What Brand? _____
 Yes No Has your pet been checked for internal parasites? _____
 Yes No Any vomiting, coughing or diarrhea noted? _____
 Yes No Has your pet eaten this morning? If yes what time? _____
 Yes No Has your pet been ill or injured in the past 30 days? _____
 Yes No Is your pet allergic to any medications? If so what? _____
 Yes No Has your pet ever had a seizure? _____
 Yes No Is there a possibility your pet may be pregnant or in heat? _____

We recommend the following to be performed before the surgery to help detect any internal problems that may not be evident upon a physical examination. Please initial below each item you would or would not like us to perform. Please be aware of the risks in declining any of the following. If you have any questions please ask the receptionist.

- Yes _____ No _____ IV Line \$25.00 For emergency access
Yes _____ No _____ IV Line W/Fluids \$51.50 To prevent drop in blood pressure.
Yes _____ No _____ Pre-Anesthetic Blood Work \$40.00 prior to sx or \$60.00 day of.
Yes _____ No _____ ECG Pre-Op \$56.00 monitors/detects heart problems
Yes _____ No _____ Pain Injection \$16.00 Administered after surgery to relieve pain.
Yes _____ No _____ Take home pain meds \$8.50
Yes _____ No _____ E-Collar \$12.00 (helps prevent suture removal)

_____ NURSING CARE & MEDICATION ADMINISTRATION FEE FOR SX BOARDERS \$10.00 PER NIGHT (ADDITIONAL TO BOARDING CHARGES)

Telephone number where the owner can be reached _____

Surgery to be performed _____

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgement and I may incur additional charges due to complication (in heat, pregnant, cryptorchid, pyometra, self inflicted injury) I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.

I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent. NOTE: ALL DROP OFFS WILL BE INSPECTED FOR FLEAS AND TICKS. IF DETECTED YOUR PET WILL BE TREATED AT OWNERS EXPENSE.

Date

Signature of Owner or Agent

ADDITIONAL SERVICES WHILE SEDATED

Yes No Microchip---\$40.00
Yes No Nail Trim---\$12.00
Yes No Dental---\$141.00 to \$208.00
Yes No Express Anal Glands---\$12.00
Yes No Shave Anal Area---\$10.00
Yes No Clean/Pluck Hair From Ears---\$10.00

Date

Signature of Owner