

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

**Surgery Release Form**

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Client ID : 4	Patient ID : 1
Client Name : Appointments No	Name : Est
Spouse : Spouse	Species : 1
Address :	Breed :
	Sex / Altered : /
City / State / Zip: ,	Color :
Telephone :	Weight :
	Birth Date :

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Doctor: Dr. Tracy Gullett

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PLEASE READ & ANSWER ALL HEALTH QUESTIONS REGARDING YOUR PET

Yes  No Is your pet on heartworm prevention? What Brand? \_\_\_\_\_  
 Yes  No Has your pet been checked for internal parasites? When? \_\_\_\_\_  
 Yes  No Any vomiting, coughing or diarrhea noted in the past 30 days?  
 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 that you know of? If so what? \_\_\_\_\_  
 Yes  No Has your pet ever had a seizure? \_\_\_\_\_

For spay surgeries only:

Is there a possibility your pet may be pregnant or in heat?  Yes  No

IF YOUR PET IS PREGNANT DO YOU WISH FOR US TO CONTINUE WITH SURGERY?  Yes  No (a complication fee will apply)

Please note, at the point we have determined your pet is pregnant, 90% of all services have been completed and you will still be financially responsible for them.

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 Cath \$39.00 For direct emergency access

Yes  No  IV Line W/Fluids \$70 To prevent drop in blood pressure.

Yes  No  Pre-Anesthetic Blood Work \$87 prior to sx or \$139 day of.

Yes  (REQUIRED) Pain Injection \$24 Administered before surgery to relieve pain.

Yes  No  Take home pain meds \$15.

Yes  No  E-Collar \$15 +tax (helps prevent suture removal)

Mandatory fee of \$13 for intubation fee

SEDATION PRICES ARE BASED ON WEIGHT AND CAN RANGE FROM \$36.64- \$110.00

\_\_\_\_\_ NURSING CARE & MEDICATION ADMINISTRATION FEE FOR SX BOARDERS \$5.50 PER NIGHT (ADDITIONAL TO BOARDING CHARGES)

(Only charged for if pet stays more than the one night after surgery.)

Best telephone number where the owner can be reached \_\_\_\_\_

Surgery to be performed: \_\_\_\_\_

PLEASE READ AND SIGN THE FOLLOWING PAGE AS WELL

**AUTHORIZATION FOR TREATMENT IN THE EVENT OF A LIFE-THREATENING EMERGENCY**

In the event my pet experiences a cardiac, respiratory or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation (CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Northgate Animal Hospital pursue such medical care as indicated below.

Please initial ONE of the directives listed below:

         Resuscitate (R): I authorize emergency treatment if the situation arises (including cardio pulmonary resuscitation (CPR) and other life-saving treatments) and understand this will result in additional charges and I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

         Do Not Resuscitate (DNR): I do NOT authorize emergency treatment if the situation arises (including cardio pulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed. I understand that despite the best efforts of the veterinarians and staff at Northgate Animal Hospital, any emergency treatment, including CPR does not guarantee or assure a favorable outcome for my pet.

Phone Numbers where you can be reached today (Note times if applicable)

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

I hereby certify that I am the Owner or Responsible Agent of the patient identified above and that I have read and understand this authorization, including any risks associated with the treatment and care of my animal.

\_\_\_\_\_  
Signature of Owner or Responsible Party

\_\_\_\_\_  
Print Name

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 Responsible Party

**ADDITIONAL SERVICES WHILE SEDATED**

Yes \_\_\_ No \_\_\_ Microchip---\$48.40- Life time registration

Yes \_\_\_ No \_\_\_ Nail Trim---\$22.00

Yes \_\_\_ No \_\_\_ Express Anal Glands---\$24.00

Yes \_\_\_ No \_\_\_ Sanitary Groom---\$29

Yes \_\_\_ No \_\_\_ Clean/Pluck Hair From Ears---\$23.96

Yes \_\_\_ No \_\_\_ Canine 4DX Heartworm Test (Heartworms, Erlychia, Lyme, Anaplasmosis) --\$45

Yes \_\_\_ No \_\_\_ Feline Leukemia/Aids Combo Test-- \$60

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

We would like to share your pet(s) and their story. I grant Northgate Animal Hospital permission to post my pet's picture, story, and medical information on social media.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner