

## SURGICAL RELEASE FORM

We at Clays Mill Vet Clinic want to provide your pet with the best medicine available. We will insert an intravenous catheter to administer *IV Fluids* which help maintain blood pressure and temperature. This also enables us to have an open vein for emergencies and helps flush the anesthetic from the system. The IV fluids are required for most pets going under anesthesia.

Animals, much like people, do have some amount of pain associated with surgical and some dental procedures. We will dispense a four or more day supply of *pain medication* to help your pet recover as comfortably as possible.

**We are required to provide the state with either a Social Security or a Driver's License for controlled substances:** \_\_\_\_\_

We highly recommend but do not require the following procedures for our patients undergoing anesthesia. Please read the following procedures and mark accordingly.

A *pre surgical blood profile* to rule out possible anesthetic complications due to anemia, diabetes, liver or kidney abnormalities, dehydration and clotting problems.

**The fee for the pre surgical profile is \$51.48**

Yes, I would like the blood profile: \_\_\_\_\_ I decline the pre surgical profile. \_\_\_\_\_

An *ECG* to test the electrical conductivity of the heart. During surgery we also monitor the patient's heart rate with the ECG machine which can alert us to problems or changes in the heart. **The fee for the ECG is \$37.94**

Yes I would like the ECG done: \_\_\_\_\_ I decline the ECG. \_\_\_\_\_

**If we are spaying your pet and she is in heat or pregnant there will be an additional surcharge.**

### **HOME AGAIN MICROCHIP:**

Implantation Fee \$30.00 / HomeAgain Registration Fee \$24.99 Accept \_\_\_\_\_  
Decline \_\_\_\_\_

The following are **required** for admittance to Clays Mill Vet Clinic.

Dogs: Annual Exam, DHPP, Bordatella, Rabies, and a fecal check for worms.

Cats: Annual Exam, FVRCP, Rabies

Ferrets: Annual Exam, Distemper, Rabies

Due to the high cost of bookkeeping and billing, positively **no charging** allowed except through Visa, Mastercard, Discover, American Express, and Care Credit.

Method of payment: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_

\* I acknowledge that no assurance or guarantee has been made of the results of surgery or treatment, and that risks and possibilities of complications exist in any surgical or medical treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Phone #'s where you can be reached during the time you pet is in the hospital.**

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