

Arbor Creek Animal Hospital
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SURGICAL RELEASE FORM

Client's Name _____ Patient's (Pet's) Name _____

Phone number(s) where you can be reached today _____

TODAYS PROCEDURE(S): _____

PRE-ANESTHETIC BLOODWORK

Anesthetic episodes carry an inherent risk. Undoubtedly the importance of the procedure outweighs the potential complications. Pre-anesthetic bloodwork will help minimize the risks during anesthesia and surgery. By testing blood chemistries and hematology values, we can better evaluate the status of you pet's major organ systems. This is important because certain organs process and rid the body of medications used during anesthesia. The numbers of certain blood cells can determine how well oxygen is delivered to the body's organs, how well the body can fight infection, and how well blood is able to clot during and after surgery. These functions are often altered with age and certain disease states. (***Highly recommended for pets over 3 years of age.***)

____ Yes, I consent to the pre-anesthetic bloodwork for my pet. (this will be an additional cost)
____ No, I decline the pre-anesthetic bloodwork for my pet.

HOME AGAIN MICROCHIP PERMANENT IDENTIFICATION

We have the technology to safely and permanently insert a microchip under your pet's skin, which will allow anyone (for example, animal shelters and veterinary clinics) to scan and identify your pet if lost or stolen. This procedure needs to be done only one time, and the microchip will persist for the life of the pet. Although it is not necessary to anesthetize the animal to insert the microchip, we find that it is more comfortable and convenient for you and your pet to do so concurrently with an anesthetic procedure. (additional fees apply for microchipping)

____ Yes, I consent to the placement of a Home Again microchip under my pet's skin.
____ No, I decline placement of a Home Again microchip under my pet's skin.
____ My pet has a microchip implanted already ☺

I understand that during the performance of procedures for the above situation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedures, or even procedures necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the services and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthetics, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian.

In the event that we discover additional necessary or recommended treatments and we are unable to reach you at the number(s) you have given us today do you approve those treatments?

NO _____ YES _____ up to \$ _____

APPROPRIATE PAIN MEDICATION IS ROUTINELY GIVEN TO PATIENTS AFTER ALL SURGICAL AND DENTAL PROCEDURES.

I am the owner of the above described animal and have the authority to execute this consent and authorization. _____ (Initial)

I have read and understand this authorization.

(Date)

(Signature of owner or agent)

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Checked in by Employee Initials _____

CONFIDENTIAL