

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:

I would like a text alert instead of a phone call (circle): Yes No

TODAYS PROCEDURE(S):

Has your pet had any medications today? If so please indicate what and how much was given.

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 microchip under my pet's skin.**
 No, I decline placement of a 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 \$ _____

I am the owner and/or agent of the above described animal and have the authority to execute this consent and authorization.

I have read and understand this authorization.

(Date)

(Signature of owner or agent)

Checked in by Employee Initials _____