

Woodburn Pet Hospital

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Surgery Release Form

Owner: _____ Date: _____

Address: _____

Phone(s): _____

Patient: _____

Date of Birth: _____

Breed: _____

Sex: _____

Color: _____

Main Reason For Admittance: _____

I hereby authorize and direct the veterinarians of Woodburn Pet Hospital to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable for my pet, _____. The nature of the procedure (s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. All Services Must Be Paid For When _____ Is Released. Some Procedures Require A Deposit Be Made Before Surgery.

We also will be performing pre-anesthetic blood tests prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery. Animals over 3 years old will also have intravenous fluids administered during surgery. For ovariohysterectomies (spay) and neuters pain medication is included. For other procedures such as dentals, laceration repair, abscesses, etc. pain medication is highly recommended. If your pet is found to have fleas a treatment will be applied to assure a flea free sterile surgery(at your expense), cats \$14.60; dogs under 55# \$17.90; dogs over 56# \$25.80

Do you authorize pain medication? Yes ___ No ___ dogs up to 20lbs \$12.60 21-40 \$17.20 41-69lbs \$23.20 over 70lbs \$27.50 cats \$12.10

I understand and agree to the above terms and acknowledge that blood work may be done or fluids may be administered, depending up my pet's age and risk factors.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____