

# Cave Spring Animal Hospital

19 Alabama Street  
Cave Spring, Georgia 30124  
Telephone: 706-381-2500

## Surgery Release Form

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Breed: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Sex/Altered? \_\_\_\_\_  
Telephone: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_  
Weight: \_\_\_\_\_

Pre-Surgical exams are required for ALL pets that have not been examined within 6 months

Please answer the following questions regarding your pet's history:

- \_\_\_Yes \_\_\_No Is your dog on heartworm prevention?  
\_\_\_Yes \_\_\_No Has your pet been checked for internal parasites in the last six months?  
\_\_\_Yes \_\_\_No Any vomiting, coughing or diarrhea noted?  
\_\_\_Yes \_\_\_No Has your pet eaten this morning?  
\_\_\_Yes \_\_\_No Has your pet been ill or injured in the past 30 days?  
\_\_\_Yes \_\_\_No Is your pet allergic to any medications? If so what? \_\_\_\_\_

We recommend a blood panel be run before the surgery to help detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample. The cost of the recommended blood panel is \$ . .

Pain medication, consisting of 1 injection prior to surgery as well as take home tablets or liquid is required for all surgical procedures. The cost of the pain medication is \$ . .

Yes, I do or No, I do not (please circle) want the recommended blood panel \_\_\_\_\_

Would you like to have any additional procedure(s) done while your pet is under anesthesia? If so what?

\_\_\_\_\_

Telephone number where the owner can be reached \_\_\_\_\_

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

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. 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.

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of owner or agent