

Surgery Release Form

Prospect Veterinary Clinic
411 S Jefferson Street
Frederick, MD 21701
301-695-1050

PATIENT STICKER

is here for: **(Please initial all that apply)**

Neuter Spay Hernia Repair Cryptorchid (undescended testicle)

Mass removal(s) Mass Location(s): _____

Dental Other _____

I **accept** pre-anesthetic bloodwork (**highly recommended**)

I **decline** pre-anesthetic bloodwork

Please initial the following:

I understand that IV catheters are required for all procedures.

I understand that e-collars to go home are required for all procedures. There is an additional charge for this.

I understand that **pre-anesthetic bloodwork is required for pets over 7 years of age**. There is an additional charge for this.

If evidence of fleas is found on my pet. I will be charged for flea treatment.

I do hereby give my consent for Prospect Veterinary Clinic to perform the following in addition to the services above:

(Please initial all services requested) Please note each procedure will incur additional charges.

Post-Op Medications (Antibiotics, Pain, etc.) as needed

Rabies Distemper Bordetella Lyme Canine Influenza Lepto Biopsy

Heartworm/Lyme Test FeLV/FIV Test Fecal Test Microchip Extractions E-Collar

In the event that the need for additional procedures or tests arises: (Please initial one)

If I am unable to be reached, please wake up my pet from anesthesia. I understand that I will need to reschedule an additional procedure (at additional cost) to treat any disease/problem present.

If I am unable to be reached, please proceed with all necessary treatments for as determined by the doctor.

I understand that during the performance of these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedures set forth. I expect Prospect Veterinary Clinic doctors to use reasonable care and judgment in performing these procedures. The risk associated with surgery has been explained to me. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligation to pay all reasonable costs incurred regarding. I understand that payment in full is required at the time services are rendered.

By signing this form, I acknowledge that I am the owner or authorized representative that can make medical decision for the above said pet.

Owner or Agent Signature: _____ Date _____

Print Name _____

Telephone number(s) where we can reach you: _____