

Aztec Animal Hospital

8140 E. McDowell Rd
480-945-8671

SURGICAL RELEASE FORM

Quartz Mountain Animal Hospital

8875 E. Via Linda
480-860-1433

OWNER NAME _____
OWNER'S PHONE# _____
OWNER'S ADDRESS _____
OWNER'S EMAIL _____
PET'S NAME _____
PET'S AGE / D.O.B. _____
BREED _____
SEX - <i>Select one</i> Female Spayed Not spayed
Male Neutered Not neutered
MICROCHIPPED Yes No
UP TO DATE ON VACCINES? Yes No
<i>Proof of vaccines is required</i>

Authorization for Medical/Surgical Treatment

Our greatest concern is the well being of your pet. An examination of your pet will be performed prior to giving any anesthetic. To avoid any potential problems, we will be drawing a small amount of blood from your pet and performing a pre anesthetic blood screen to further protect your pet. Results will be available that same day to determine whether anesthesia should be given.

Spay ***If pet is pregnant:*** Do you wish to continue with the surgery? YES NO

Dental Cleaning/Prophylaxis: If your pet requires extractions YES NO, Call First

Please include the following items during my pet's procedure:

Toe Nail Trim Toe Nail Trim to the quick Ear Flush Microchip
Growth/Tumor Removal Vaccines 4 dx test

Pain medication, antibiotics, and anti-inflammatory medications may be recommended to ease the pain and prevent any infection following surgery.

Pain/Antibiotic/Anti-inflammatory Injections

Pain/Antibiotic/Anti-inflammatory Medications to go home.

I understand that anesthesia carries risks and I give Aztec Mountain Animal Hospital permission to place my pet under anesthesia. I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the Veterinarian. I realize that results cannot be guaranteed and will not hold Aztec Animal Hospital staff responsible should my pet expire while under anesthesia. I have read and understand this authorization and consent. _____ Initials

I authorize today a maximum expenditure of \$ _____ prior to speaking to the veterinarian.

Owner signature: _____ Date: _____

Phone: _____ E-mail: _____