



811 East Main Street  
Lexington, SC 29073  
803.359.1933 (p) / 803.359.6236 (f)

## Surgical Release

Owner: \_\_\_\_\_  
Pet(s) Name(s): \_\_\_\_\_  
Breed: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_  
Check-In Date: \_\_\_\_\_  
Emergency Contact Name & Phone: \_\_\_\_\_

Welcome to Millcreek Animal Hospital! As the owner of the above listed animals(s), I hereby give my consent to Millcreek Animal Hospital to perform the following procedures:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please initial each line item**, stating that you agree to allow us to provide services for your pet(s).

\_\_\_\_\_ I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the professional judgment of the veterinarian.

\_\_\_\_\_ I understand that during all anesthetic procedures the animals will be monitored both mechanically as well as by the surgical staff. The cost of this monitoring is \$12 and will be in addition to all other surgical costs.

\_\_\_\_\_ I authorize the use of appropriate anesthetics and other medications. I understand that hospital support personnel will be employed as deemed by the veterinarian. I have been informed as to the nature(s) of the procedure(s) or operation(s) and the risks involved. I realize the results cannot be guaranteed.

\_\_\_\_\_ I understand that my pet(s) will be unsupervised between the hours of 6:00 pm and 7:30 am.

\_\_\_\_\_ I understand that all animals admitted must be current on their vaccinations and must be free of all external parasites. Any animal found to have fleas or ticks will be treated at my (the owners) expense.

### OPTIONAL PRE-SURGICAL BLOOD WORKUP

The suggested workup includes liver and kidney functions, protein analysis and test for anemia. This lab work is STRONGLY recommend for pets 5 years and older. Please initial to indicate your preference:

\_\_\_\_\_ Yes, I do wish to have the pre-surgical blood workup suggested by Millcreek Animal Hospital.

\_\_\_\_\_ No, I do NOT wish to have the pre-surgical blood workup suggested by Millcreek Animal Hospital.

**ADDITIONAL OPTIONS** (please initial which, if any, of these options you would like for us to perform on your pet(s):

\_\_\_\_\_ Pain Medication Administration

\_\_\_\_\_ E-Collar

\_\_\_\_\_ Nail Trim

\_\_\_\_\_ Clean Ears

\_\_\_\_\_ Dental Extractions

\_\_\_\_\_ Heartworm Test

\_\_\_\_\_ Anal Glands

\_\_\_\_\_ Microchip

\_\_\_\_\_ Felv/Fiv Test

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_