

# HIGHLAND ANIMAL HOSPITAL SURGICAL RELEASE FORM

**PLEASE READ AND COMPLETE THIS IMPORTANT INFORMATION REGARDING YOUR PET'S SURGERY. PLEASE RETURN THIS FORM TO US ON THE DAY OF SURGERY**

Owner's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Pet's Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Scheduled Surgery \_\_\_\_\_  
Procedure \_\_\_\_\_  
Surgeon \_\_\_\_\_

## ***PLEASE READ AND INITIAL THE FOLLOWING:***

I have received an estimate of \$ \_\_\_\_\_ for the above procedure \_\_\_\_\_  
initial

### **\* EMERGENCY TELEPHONE NUMBERS WHERE I MAY BE REACHED \***

Name: \_\_\_\_\_ Number \_\_\_\_\_ (home/work/cell)

Name: \_\_\_\_\_ Number \_\_\_\_\_ (home/work/cell)

Name: \_\_\_\_\_ Number \_\_\_\_\_ (home/work/cell)

***PLEASE NOTE:*** For the safety of our patients, all pets will be required to have preoperative blood work as well as IV fluids during surgery. Please make a technician appointment

## **SURGERY DAY INSTRUCTIONS**

Please be sure that no food or treats are given after 12:00 midnight the night before surgery unless otherwise instructed. Water may remain available at all times. If your pet is taking a prescribed medication it is fine to give on the day of surgery.

Surgery patients are admitted into the hospital between 7:30am and 8:30am the morning of surgery. **Please allow 20 minutes for admittance.** We ask that you respect our admittance times as the doctors, technicians and receptionists are all engaged in morning hospital rounds.

You will receive a phone call from a surgery nurse as soon as the procedure has been completed and your pet is safely in recovery. For discharges we ask that you arrive at the hospital no later than 6:30pm to allow sufficient time to review discharge instructions.

***All dogs must arrive leashed and all cats must be in a pet carrier.***

**ADDITIONAL REQUESTED OR UNFORSEEN EMERGENCY PROCEDURES WILL INCUR ADDITIONAL CHARGES AND EXCEED THE ESTIMATE PROVIDED.**

**(PLEASE REVIEW AND COMPLETE THE REVERSE SIDE)**

## IN CASE OF EMERGENCY

In the event we are unable to contact you during an emergency, it is important that we are aware of the extent of treatment you would like for your pet. Please read the following paragraphs and **\*\*\*INITIAL ONLY ONE.\*\*\***

**A)** I authorize the doctors of the Highland Animal Hospital in an emergency situation to follow through with such procedures as are necessary for the well being of my pet on a continuing basis regardless of the additional cost which I understand cannot be estimated or calculated at this time. I understand that I assume all financial responsibility for all services rendered and for the cost of any inventory utilized during this emergency procedure.

**INITIAL** \_\_\_\_\_

**B)** I DECLINE any emergency treatment if complications develop during my pet's surgery.

**INITIAL** \_\_\_\_\_

### IF YOUR PET IS HAVING A DENTAL PROCEDURE:

It is not uncommon to find unexpected abnormalities while cleaning your pet's teeth under anesthesia. We will do our best to contact you at the emergency contact numbers you have provided above (please verify that the numbers are correct). In the event that we cannot reach you during the procedure we need to know how you would like us to proceed. **Please initial one option only.**

**A)** If I cannot be reached during my pet's procedure I authorize my veterinarian to use his/her best clinical judgment and do what he/she feels is in the best interest of my pet. Extractions are authorized if deemed necessary. I understand that there will be additional costs for this work if it is performed.

**INITIAL** \_\_\_\_\_

**B)** If I cannot be reached during my pet's procedure I do not authorize my veterinarian to do any dental work that has not been previously discussed. I understand that if additional work is deemed necessary it will be done at a separate time at an additional cost.

**INITIAL** \_\_\_\_\_

- Has your pet recently, or in the past, had any adverse anesthetic reactions? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Please elaborate: \_\_\_\_\_

- Please list any medications your pet is currently taking: \_\_\_\_\_

- Please check off whether you would like any of the following procedures done while your pet is under anesthesia.

*Datamar Companion Animal Retrieval System*

Yes [ ]

No [ ]

*Hip Films*

Yes [ ] In House/Penn

No [ ]

*OraVet Dental Barrier Sealant (Professional grade)*

Yes [ ]

No [ ]

***I have read this document and understand the risks involved:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Thank you for entrusting the care of your pet to the staff of the Highland Animal Hospital***