

**Vet Med Animal Clinic
7257 Turner Lake Rd
Covington, GA 30014
770-787-4899**

Surgery Release Form

Client Name : _____

Name : _____

Address : _____

Species : _____

City / State / Zip: _____

Breed : _____

Telephone : _____

Sex / Altered : _____

Color : _____

Weight : _____

Birth Date : _____

Surgery to be performed _____

Vaccines that are needed _____

For Canine Spay and Neuter we strongly recommend the patient to go home with pain medication. The additional cost is approximately \$30-\$40 Yes____No____

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.

Ages 0-7 yrs(Chem 10) \$110.00 Yes____No____ Ages over 7yrs (Chem 17) \$155.00 Yes____No____

____ NO, I DECLINE the recommended pre-anesthetic test at this time and request you proceed with anesthesia.

____ I understand that a medical condition may exist which would be impossible to identify during a physical exam alone.

Would you like to have your pet micro-chipped while under anesthesia? The cost is \$80.50 which includes registration. Y____ N____

____ I also understand that the cost of my pet being in heat or pregnant is a additional cost of \$39.00

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 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.

Date

Signature of owner or agent

Phone number to be reached at