



Surgery and Anesthesia Release Form

In order to drop off your pet for surgery and/or anesthesia, a deposit will be required. Any remaining balance will be due at time of pick up.

Owner Information

Owner's name: _____

Phone number(s) for today: _____

Pet Information

Pet's name: _____ Species: _____ Breed: _____

Pet's age _____ Sex: Male Female

Reason for hospital admission _____

- All patients admitted to the hospital must have current vaccinations. I understand that LHAC will administer any vaccines needed today. Initials _____
- My pet has been fasted for today's procedure. Yes _____ No _____
- Pre-anesthetic bloodwork:
Canine/Feline
CBC, Chem Profile 10 (\$69) Yes _____ No _____
- Do you want a HomeAgain® microchip implanted in your pet today? (\$65-Includes activation fee)
Yes _____ No _____ Exotic (\$90-Includes activation fee)
- I understand that my pet feels pain after surgery and that pain management is necessary, not optional. This will include an injection for pain (\$31-\$45) and/or oral pain medication to go home (\$30-\$45). Initials _____
- Does your pet have any pre-existing medical conditions, previous complications with anesthesia or is taking any medication? Please list all of them _____
- _____
- I understand that all anesthesia and sedation involves some risk to my pet, including death. I also understand that I am assuming all risks associated with anesthesia and/or the surgical procedure being performed. Initials _____
- I received and agreed to an estimate of _____. I understand that the final invoice may vary 10-15% from the estimate. Initials _____

By signing this form, the client agrees to the following:

- (1) Lake Howell Animal Clinic has the client's authorization to perform the procedures requested above.
- (2) The client understands that **ALL FEES MUST BE PAID IN FULL AT THE TIME OF PICK UP.**

Signature of pet owner/responsible agent

Date