

Singing Hills Animal Hospital, Inc.  
1951 Willow Glen Drive  
El Cajon, Ca. 92019

Technician Check-in Initials: \_\_\_\_\_

**ANESTHESIA-CASTRATION RELEASE FORM**

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Address: \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above. I do hereby grant permission to Dr. Evelyn Tom, Dr. David Appel, Singing Hills Animal Hospital, Inc., their agents, servants and/or representatives full and complete authority to perform the surgery or diagnostic procedure known as **Castration**. I authorize additional procedures that, at their discretion, may be advisable and useful to promote/protect the health of the above described pet. I do hereby forever release Dr. Evelyn Tom, Dr. David Appel, Singing Hills Animal Hospital, Inc., their agents, servants and/or representatives from any and all liability arising from said surgery or procedure on said animal. There may be times when there is no personnel on premises.

\_\_\_\_\_ (signature)

I have read and understand that if my pet has only one or no testicles descended there will be an additional charge of \$250-\$350 for cats and \$250-\$350 for dogs. \_\_\_\_\_ (signature)

**For the safety of your pet, an intravenous catheter and fluids are strongly recommended during surgery. This increases safety by keeping blood pressures higher, increase perfusion of vital organs, increase speed of clearance of anesthesia, and aid in life saving protocols. The fee is discounted to \$150.**

\_\_\_\_\_ (signature)

I have read and understand pain medications will be given after surgery at an additional fee of \$38.00 each. Pain medication will be sent home at a fee of \$12.50 -\$48.00. \_\_\_\_\_ (signature)

I have read and understand a chew guard collar is mandatory to keep pets from licking or chewing after surgery. (approximate charge of \$15.00) \_\_\_\_\_ (signature)

If fleas are found on your pet, we will administer a treatment to them to prevent the spread of parasites to other pets in the hospital. (Charge of \$22). \_\_\_\_\_ (INITIAL)

I authorize an anti-nausea medication (\$85) to be administered to my pet prior to his/her procedure at the attending doctor's discretion. \_\_\_\_\_ (INITIAL)

I understand my pet must be current on VACCINATIONS. If determined by record or examination that my pet is due for vaccinations, I authorize vaccinations to be performed at my expense. I authorize treatment for external or internal parasites, including fleas, if found on my your pet. I understand the hospital is not responsible for any items I may leave, such as: collars, leashes, toys and blankets.

\_\_\_\_\_ (signature)

My pet \_\_\_\_\_ has/ \_\_\_\_\_ has not eaten within the last 12 hours.

I can be reached at the following phone number/s on the day of the procedure:

Home/Work: \_\_\_\_\_ Cellular: \_\_\_\_\_ Email \_\_\_\_\_

In order to better evaluate the ability of your pet to undergo anesthesia, the doctors recommend a preanesthetic blood test for existing infection, kidney, liver, and over organ functions. The fee for this is an additional \$89 for pets under 7 years. This blood test is mandatory for pets over 7 years of age.

( ) Accept ( ) Decline

I have read and understood the above statements. \_\_\_\_\_ (signature and date)