

Technician Check-in Initials: _____

SINGING HILLS ANIMAL HOSPITAL, Inc.
1951 WILLOW GLEN DR.
EL CAJON, CA 92019
(619) 441-5850

=====

Date: _____

---SURGERY OR DIAGNOSTIC PROCEDURE RELEASE---

Owner's name: _____ Pet's name: _____

Address: _____

Breed: _____

Age: _____

Phone: _____

Sex: _____

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 give Dr. Evelyn Tom, Dr. David Appel, and Singing Hills Animal Hospital, their agents, servants and/or representatives full and complete authority to perform the anesthesia/surgery or diagnostic procedure known as: _____.

_____ (SIGNATURE).

I authorize procedures, at their discretion, that are advised and useful to promote/protect the health of the above described pet. I do hereby forever release Dr. Evelyn Tom, Dr. David Appel, relief veterinarians, 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.

_____ (SIGNATURE)

For the safety of our patients, an intravenous catheter (\$148.99) and fluids (\$35.25) are required in all anesthetic procedures. 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. _____ (SIGNATURE)

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 _____ (Initial). I authorize treatment for external or internal **parasites**, including **fleas**, if found on my your pet. _____ (Initial) I understand the hospital and staff are not responsible for any items I may leave such as collars leashes toys and blankets. For surgeries with sutures or open wounds we will place a chew-guard **collar** on most pets at an approximate charge of \$15.00. _____ (Initials)

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

I understand that when surgery is performed that my pet may experience pain. I allow Singing Hills Animal Hospital to give pain medication as needed to keep my pet comfortable _____ (Initials) Pain injections are \$38-\$60 per injection.

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 recommend a blood profile for existing infection, kidney, liver, and other organ function. (i.e. Electrolytes, ALT, Glucose, Creat, BUN, Protein,). The cost for this is an additional \$89. PETS 7 YRS AND OLDER A MANDATORY PRE-SURGICAL SCREEN WILL BE PERFORMED AT AN ADDITIONAL CHARGE OF \$89.

I accept _____ / decline _____ this service.

_____ (I have read and understand this surgical release of liability)

SIGNATURE

DATE