

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: _____ Breed: _____

Address: _____ Age: _____

_____ Sex: _____

Phone: _____ Color: _____

Pet's Name: _____

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, 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, 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 pressure higher, increase perfusion of vital organs, increase speed of clearance of anesthesia, and aid in life saving protocols. _____ (Signature)

I understand pain medications will be administered after surgery. _____ (Initial)

I understand a chew guard collar is mandatory to keep pets from licking or chewing after surgery. One will be provided at an 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 \$25). _____ (Initial)

I certify my pet has not eaten within the last 12 hours. _____ (Initial)

I understand my pet is fasted for surgery, however, if an anti-nausea medication is needed, there will be an additional fee of \$85. _____ (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)

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 require a pre-anesthetic blood test for existing infection, kidney, liver, and overall organ functions no more than 30 days prior to surgery. If not already completed, this blood test will be performed today. Specific blood panel will be determined at the doctor's discretion at an additional fee of \$103 to \$185. _____ (Signature)

I have read and understood the above statements. _____ (Signature) _____ (Date)