



# Syler Veterinary Clinic

## Surgery/Anesthesia Release Form / Pre-operative bloodwork consent form

**Please read carefully and sign** For your benefit and the safety of your pet, please be aware of the following:

1. If any external parasites (fleas/ticks) are on your pet prior to surgery, we will treat appropriately and you will be charged accordingly. If your pet is in heat or pregnant at the time of the surgery, there will be an additional fee.
2. Prior to any surgical or anesthetic procedure, your pet should be current on all vaccinations and be dewormed. All cats should be tested for feline leukemia & feline immunodeficiency virus (FIV) and should be on heartworm preventative. If you are interested in having any of these tests performed, please indicate in the space provided at the bottom of the page.
3. Because anesthesia affects each animal in a different way, there could be complications which would require special treatment and care. These procedures could lead to additional expense. There are times when your pet could need immediate therapy to correct the problem, but if possible we will contact you first.
4. As in human medicine, there is the remote possibility that your pet could have complications which results in death.

**Please complete & sign the form below**

|      |             |                                 |
|------|-------------|---------------------------------|
| Date | Name of Pet | Surgical / Anesthetic procedure |
|------|-------------|---------------------------------|

|                |                      |                   |
|----------------|----------------------|-------------------|
| Daytime phone# | Additional phone #'s | Night time phone# |
|----------------|----------------------|-------------------|

**Please indicate which procedures you would like performed today for an additional fee:**

|  |            |           |              |            |                      |
|--|------------|-----------|--------------|------------|----------------------|
| Pre-operative bloodwork                  | <b>Yes</b> | <b>No</b> | Vaccinations | <b>Yes</b> | <b>No</b>            |
| FIV/Leuk. virus testing prior to surgery | <b>Yes</b> | <b>No</b> | Deworm       | <b>Yes</b> | <b>No</b>            |
| Pain medication after surgery            | <b>Yes</b> | <b>No</b> | De-flea      | <b>Yes</b> | <b>No</b>            |
| Microchipping while under anesthesia     | <b>Yes</b> | <b>No</b> | Pathology    | <b>Yes</b> | <b>No</b> <b>N/A</b> |

\*Pathology fees vary and may be subject to change after payment has been made.

Does your pet need anything else while here? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I have read the foregoing and agree to take full financial responsibility for my pet.**

|                                      |                             |
|--------------------------------------|-----------------------------|
| <b>Signature of Owner or Handler</b> | <b>Signature of Witness</b> |
|--------------------------------------|-----------------------------|