



SURGICAL/ANESTHESIA RELEASE FORM

Owner's Name: _____ Home /Cell Phone: _____

Address: _____

Name of Pet: _____ Gender: Male/Female Species: _____ Age/DOB: _____

Breed: _____ Color/Markings: _____

Requested surgery or procedure(s): _____

IN-PATIENT QUESTIONNAIRE

1. Last food given the patient (time): _____ Last water given: _____

2. Date of last vaccine: DHLPP: _____ FVRCP: _____ Bordetella: _____

Date of last Fecal Exam: _____ Date of last Heartworm or FeLV/FIV Test: _____

Heartworm Prevention: Yes/No Type: _____

Flea/Tick Control: Yes/No Type: _____

4. Does your pet show any signs of illness: Coughing/Sneezing/Vomiting/Diarrhea/Other?: _____

5. Is your pet taking any medication? Yes/No Which?: _____

7. Has your pet had any previous reactions to anesthesia? Yes/No

8. List any belongings left with pet: _____

(The hospital will not be responsible for any lost items)

9. If your female pet is found to be pregnant before or during the spay, do you wish Aloha Affordable Vet to:

- a. proceed with the spay b. contact you and discuss (additional charges may be required) c. do not spay

AUTHORIZATION

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

Signature of Owner or Agent: _____ Date: _____

Additional Services:

Pain Meds: Yes/No Heartworm Meds: Yes/ No E-Collar: Yes/No Flea Preventative: Yes/No

Vaccines: Yes/No Rabies DAPP DAPP-L Bordetella FVRCP FeLV Health Certificate

Heartworm Test: Yes/No FeLV/FIV Test: Yes/No Microchip: Yes/No Flea/Tick Control Meds

Add-on Dental (if veterinarian approved): Yes/No Other Requested Services: _____