

**SURGERY RELEASE FORM**

Owner: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

Patient: \_\_\_\_\_  
Age: \_\_\_\_\_

As the owner or agent of the above animal, I hereby give my consent to Apalachee River Animal Hospital to perform the following procedure(s): \_\_\_\_\_

**The doctor will be examining your pet today. List any concerns about your pet below:**

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

**Pre-Anesthetic Blood Testing:** Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also perform a pre-anesthetic blood profile to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease, which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. These tests are similar to those your own physician would run if you were to undergo anesthesia. They also establish a baseline of values, which are useful for diagnostics and treatment should your pet become ill in the future.

- Healthy patients 5 years of age and under**  
Cost: \$54.00      Includes: BUN (Kidney), ALKP (Liver), Glucose (Sugar), Total Protein (Hydration), ALT (Liver), Creatinine (Kidney), and PCV/TS (Anemia/RBC—for carrying oxygen)
- Senior (6 years of age and older) patients and sick patients**  
Cost: \$129.00      Includes: All tests in healthy animal profile, plus Albumin (Protein), Phosphorus (Kidney), Calcium (Tumors), Total Bilirubin (Liver), Amylase (Pancreas), CBC (Anemia, Infection, and Clotting), and Lytes (Potassium).

**Additional Option**

- Home Again Microchip placement while my pet is under anesthesia.      Cost: \$ 50.00
- Dental Cleaning

**\*\*\*\*ARAH is a flea-free environment. We reserve the right to treat your animal for fleas at your expense while your pet is staying with us\*\*\*\***

Number you can be reached at before, during, and after surgery \_\_\_\_\_

Signed \_\_\_\_\_

To be completed at hospital admission:

Estimate of Surgical Cost \$ \_\_\_\_\_

\_\_\_\_\_ Initial



Received Post Surgical Instructions \_\_\_\_\_