

CROSSROADS ANIMAL HOSPITAL
651 HWY 71 W
BASTROP, TX 78602
512-321-0506



PATIENT NAME - PLACE PATIENT LABEL HERE

SURGICAL RELEASE FORM

PROCEDURE: _____

ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED

In the best interest of your pet's health, every surgical procedure includes:

- * Pre-surgical blood screen
- * Physical exam before anesthesia
- * Full monitoring during surgery
 - Heart Rate, Blood Oxygen
 - Temperature
 - Blood Pressure
- * Post-op single site laser therapy - pain relief through release of endorphins and stimulates cells to heal faster
- * CBC with Surgery (complete blood count)
- * Administration of sedation before surgery
- * Administration of pain medication during surgery
- * IV fluid therapy during anesthesia
 - Maintains blood pressure, reduces risks to organs
 - Able to administer routine drugs in case of emergency

By my signature below: I hereby consent and authorize CROSSROADS ANIMAL HOSPITAL, its doctors, agents, employees and representatives to perform the above listed procedure on my pet. I also authorize them to utilize diagnostics, treatment, surgical, anesthetic and sedative protocols as deemed necessary. I hereby certify I am informed of the possible risks and complications associated with these procedures including death. I also certify that no guarantee or assurance has been made as to the results that maybe obtained.

OWNER REQUESTS MICROCHIP AT TIME OF SURGERY Yes I want a Microchip

ADDITIONAL INFORMATION: _____

Vaccine Requirements for Surgery: (please initial below for decline)

Rabies:	<input type="checkbox"/> Current	<input type="checkbox"/> Due	Required by state of TX - K9 & FEL (cannot be declined)					
DHLPP	<input type="checkbox"/> Current	<input type="checkbox"/> Due	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline*	K9 Special	<input type="checkbox"/> Current	<input type="checkbox"/> Due	<input type="checkbox"/> Accept
Bordetella	<input type="checkbox"/> Current	<input type="checkbox"/> Due	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline*				<input type="checkbox"/> Decline*
FVRCP	<input type="checkbox"/> Current	<input type="checkbox"/> Due	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline*	FEL Special	<input type="checkbox"/> Current	<input type="checkbox"/> Due	<input type="checkbox"/> Accept
FELV	<input type="checkbox"/> Current	<input type="checkbox"/> Due	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline*				<input type="checkbox"/> Decline*

* I have declined other recommended vaccinations for my pet at this time, acknowledging the risks that may or may not be involved in doing so. _____

Signature: _____ **Phone#** _____

We cannot guarantee all pets coming in will be free of fleas. If your Pet is found to have fleas upon arrival, they will be given a single dose of Capstar without consent, at your expense.

Staff Initials: _____

Date: _____

Check-in Time: _____

Growth Removal Chart

Please indicate on the chart below where the growth is on your pet that is to be removed. Also, please mark YES or NO if you would like the growth sent to our lab for testing. Please then sign and date this section. Thank you.

Would you like the growth sent to the lab for testing? YES NO

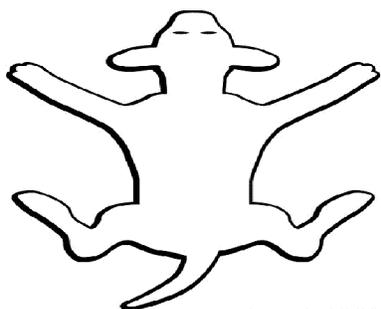
Your signature acknowledges you have read and understood the above policies.

X _____ Phone # _____

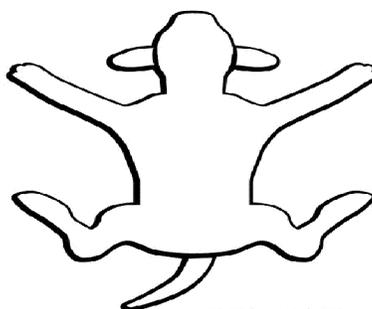
GROWTH/LESION CHART

GROWTH/LESION CHART:

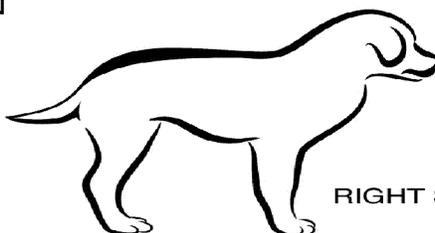
Please map on the chart(s) below any growths, masses or lesions you would like checked and or removed today. Please leave specific instructions on length of time noticed, if its gotten bigger/color change,etc. Also, note if you would like removed, aspirated or both. Please also leave good, valid phone numbers so the Doctor can reach you if possible. Thank you :)



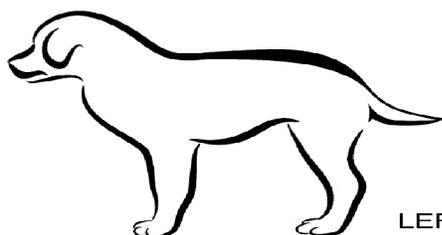
BELLY DOWN



BELLY UP



RIGHT SIDE



LEFT SIDE

NOTES: _____

Thank you for entrusting us with your pet's care. We will do everything we can to honor that trust and provide your pet with the best care possible.

Crossroads Animal Hospital

Staff Initials: _____

Date: _____

Check-in Time: _____