



SURGICAL RELEASE FORM

Lake City Animal Clinic, Inc.

Procedure to be Performed _____

Client Name _____ Date _____

Pet Name _____ Contact Phone# _____

Additional Services Requested:

- _____ VACCINATIONS
(Distemper & Rabies Required for Cats)
(Distemper, Rabies & Bordetella Required for Dogs)
_____ HEART WORM TEST
_____ FECAL EXAM FOR PARASITES
_____ NAIL TRIM
_____ PLACE MICROCHIP

PRE-SURGICAL BLOOD SCREEN

The Well-being of your pet is our greatest concern. We examine each patient before using an anesthetic, but disorders affecting liver, kidney and blood, are not always apparent. Such disorders must be detected by blood screening.

For this reason, we highly recommend a pre-surgical screening. The total additional cost is \$45.87

_____ Yes, I would like the pre-surgical blood screen at the additional cost of \$45.87

_____ No, I decline the pre-surgical blood screening.

POST-SURGICAL PAIN MANAGEMENT

Any type of surgery will cause some degree of pain or discomfort. We will dispense medication for your pet to help control this discomfort.

Thank you for bringing your pet to Lake City Animal Clinic. We use the safest, most up to date anesthetic available, but this does not absolve all risks. All anesthetics carry some degree of risk ranging from post-op nausea to death. While these occurrences are very rare, they are possible though precautions are taken.

Please read the following and sign below.

**I hereby consent to the administration of anesthetics as is necessary. I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and fully understand this authorization for surgical treatment. I also agree to pay all such charges.*

Signature _____ Date _____