

# SURGERY RELEASE FORM

**BridgeMill Animal Hospital  
9560 Bells Ferry Road  
Canton, Georgia 30114**

Data:  
Client ID #:  
Owner:  
Street:  
City/State/Zip:  
Phone:

Name:  
Species:  
Breed:  
DOB:  
Sex:  
Color:

Consent to operation, administration of anesthetics and the rendering of other medical services.

## PROCEDURES REQUESTED WHILE ANESTHETIZED

1. Spay (female) 2. Neuter (male) 3. Declaw 4. Dental 5. Radiographs (x-rays) 6. Microchip 7. Vaccines
8. Tumor Removal – Description: \_\_\_\_\_ Other: \_\_\_\_\_

ANESTHETIC CONSIDERATIONS: All anesthesia is tailored to each pet's specific needs.

1. Is your pet currently on any medications? Yes / No List: \_\_\_\_\_
2. When did your pet last receive any medications? \_\_\_\_\_
3. When did your pet last eat? \_\_\_\_\_
4. Is your pet allergic to any medications? Yes / No List: \_\_\_\_\_
5. Does your pet have any health problems? Yes / No Epilepsy? Yes / No List: \_\_\_\_\_
6. What telephone number can you be REACHED AT TODAY? \_\_\_\_\_

## PRE-ANESTHETIC BLOODWORK

Advances in anesthesia and surgery have made routine procedures relatively safe with a low percentage of complications. Those problems which can arise are usually due to pre-existing conditions not evident during pre-surgical exams. For this reason, we require pre-anesthetic bloodwork.

\_\_\_\_ My pet is under seven years old I understand the fee for this bloodwork is \$63.85

\_\_\_\_ For pets older than 7 years of age, we require more extensive bloodwork for a fee of \$135.50-\$172.80

## PAIN MANAGEMENT

At the doctor's discretion, your pet will receive pain medications both in-hospital, as well as to go home. If these medications become necessary, there will be an additional charge.

I authorize and direct Christopher Alvey, DVM and Jonathan Gilvarry, DVM to perform these operations / procedures upon the patient listed above and/or to do any therapeutic procedures that their judgement may dictate to be advisable for the patient's well-being. The risks and nature of the operation / procedures have been explained to me and no guarantee has been made as to the result or cure.

\* If fleas are found on your pet, a flea medication will be given and the fee will appear on your invoice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DROP OFF - Surgery

**OWNER'S NAME:**

**TELEPHONE #:** \_\_\_\_\_

**PET'S NAME:**

**SEX:**            **BREED:**

**REASON FOR DROP OFF:** \_\_\_\_\_

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

**WEIGHT:** \_\_\_\_\_

**BATH / GROOM:** YES / NO    **Date:** \_\_\_\_\_

**MEDICATIONS:** \_\_\_\_\_

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

**OTHER:** \_\_\_\_\_

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

**PERSONAL ITEM LOCATION:** \_\_\_\_\_