



SURGICAL RELEASE FORM

Client Name:
Address:

Pet's Name:
Species:
Breed:
Sex:
Age:

Phone numbers where you can be reached today:

First Number: _____
Second Number: _____
Other: _____

In case we are unable to contact you, please give emergency contact:

Name: _____
Phone: _____

Please Answer the Following Questions:

Procedure to be performed today: Spay Neuter Mass Removal Dental
 Other: _____

When was the last time your pet had anything to eat or drink?

Is your pet currently taking any medications? If so, please list below.

Medication: _____ Last dose given: _____

Medication: _____ Last dose given: _____

Medication: _____ Last dose given: _____

Medication: _____ Last dose given: _____

Pain Medication

All pets will receive a basic pain medication prior to surgery and will be sent home with oral pain medications after surgery. The cost of these medications ranges from \$20-\$40, depending on the size of the pet.

Pre-surgical Bloodwork

During this procedure, your pet will be under general anesthesia. While we use the safest anesthesia agents available, we recommend pre-surgical bloodwork to evaluate potential health risks. The bloodwork is strongly recommended for pets over 7 years old. Please indicate below if you would like us to perform pre-anesthetic bloodwork.

The cost of having Pre-surgical bloodwork is: \$149.

YES _____ NO _____

Histopathology

If your pet is presenting for a growth removal procedure today, you may choose to have a biopsy done with a full written report from an offsite laboratory. Please indicate below if you would like us to send any growths to the lab. **Starting cost is \$284.**

YES _____ NO _____

Microchip

Would you like your pet to be microchipped while he/she is under general anesthesia?

The cost of having your pet microchipped is: \$82.

YES _____ NO _____

Social Media

If interested, do you give Pet Care Clinic of the High Country permission to post your pet’s photographs and/or videos, story, and medical information on Pet Care Clinic of the High Country’s Facebook page, Instagram page, YouTube channel, Twitter account, and clinic website?

YES _____ NO _____

If yes, Pet Care Clinic of the High Country has my permission to use: *(Check one)*

- Only my pet’s name
- My pet’s name and my last name
- My pet’s name and my first & last name

Would you like to receive picture text updates of your pet after his/her surgical procedure?

_____ **No** _____ **Yes, phone number to text:**

We are capable of performing CPR at our facility but the chances of recovering from a full cardiorespiratory arrest episode for a significant period of time are less than 10%. The injuries and/or illnesses that accompany this situation also contributes to the poor prognosis. **The cost of performing CPR is \$383.**

_____ I authorize resuscitation (CPR)

_____ I do not authorize resuscitation (DNR)

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility. *Full payment is due at the time of patient release.*

I authorize Pet Care Clinic of the High Country, its agents and representatives to perform surgical procedures and pre-operative screening described above and to perform any other procedure that, at the doctor’s discretion, may be useful to promote the health of my pet. I have been advised as to the nature of the surgery and /or procedures and the risks involved. I acknowledge that results cannot be guaranteed.

I am aware all reasonable care will be taken by PCC for the safe treatment and return of my pet. I release the Pet Care Clinic of the High Country, its agents and representatives from any and all liability.

All pets hospitalized must be current on rabies vaccinations. If documentation cannot be provided or verified, I understand my pet will be vaccinated at the owner’s expense. Any pet brought into the clinic with internal or external parasites will be treated at the owner’s expense.

I have read and understand this authorization and consent.

Signature of Owner or Agent _____

Print Name _____

Date _____

Pet Care Clinic of the High Country

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