



## 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: \_\_\_\_\_

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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: \$101.**

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 \$164.40.**

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: \$ 58.**

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 \$268.**

\_\_\_\_\_ 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**  
1614 NC Hwy 105  
Boone, NC 28607  
(828) 268-1159