

## SURGERY RELEASE FORM

Branchville Animal Hospital  
10559 US HWY 411  
Odenville, Al 35120

Owner:  
Case No:  
Street:  
City:  
Phone:  
Patient:  
Breed:  
Sex:  
Age:  
Color:

**Please contact us for  
prices as prices are  
subject to change.**

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Branchville Animal Hospital, any associates, and/or representatives full and complete authority to perform the surgical procedure described as:

Please check any additional services requested: Express Anal Glands\_\_ Toe Nail Trim\_\_  
Microchip\_\_

Owner gives right for BAH to perform any other procedures that, at the clinic's discretion, may be useful to promote the health of the above described pet. I hereby and forever release Branchville Animal Hospital and/or representatives from any and all liability arising from said surgery on said animal.

\*When was the last time <animal> had any food or water? \_\_\_\_\_

[Yes] [No] I desire my pet to receive an E-Collar - THIS IS A NON REFUNDABLE ITEM

[Yes] [No] Do we have permission to insert an I.V Catheter and provide I.V. fluids? It is recommended for HIGH RISK SURGICAL PATIENTS.

[Yes] [No] Can your pet be treated with anti-nausea medication?

[Yes] [No] I desire that my animal receive pre-anesthetic blood screening.

[Yes] [No] In the unlikely event that your pet needs CPR, we will perform CPR for 15 minutes with your permission at no charge.

[Yes ] [No] Is your pet on any medications?

[Yes] [No] Would you like to continue with the spay procedure even if your pet is in heat or pregnant?

[Yes] [No] For Dental Procedures only: Do you give the doctor permission to extract teeth as deemed medically necessary?

[Yes] [No] Do you elect for us to perform a cold laser treatment on the incision site per the doctor's discretion?

Signed \_\_\_\_\_ Date: \_\_\_\_\_