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SURGICAL AND DENTAL RELEASE FORM

Date: _____ Pet Name(s): _____ Tech: _____

MY PET HAS BEEN FASTED YES _____ NO _____

CURRENT MEDICATIONS (this includes chronic medications, supplements, herbal or holistic medications, etc.): _____

RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform _____ upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** I understand that because of the nature of general anesthesia, complications cannot always be predicted and may include permanent disability or death. I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

HAS YOUR PET BEEN LETHARGIC OR MORE QUIET THAN NORMAL OVER THE PAST WEEK? Y / N

HAS YOUR PET VOMITED WITH THE PAST WEEK? Y / N

IS YOUR PET EATING NORMALLY? Y / N

HAS YOUR PET COUGHED OR SNEEZED IN THE PAST WEEK? Y / N

DO YOU HAVE ANY OTHER CONCERNS WE SHOULD ADDRESS BEFORE THEIR PROCEDURE? N / Y _____

BLOOD WORK

Pre-anesthetic blood work is **strongly recommended**. Blood work helps our doctors to determine if the organs necessary for processing anesthesia are in good health and helps us to determine a relative risk for anesthesia. If your pet is **UNDER 7 YEARS**, you may choose whether or not he/she has pre-anesthetic blood work. **If your pet is 7 YEARS OR OLDER, pre-anesthetic blood work is required prior to surgery. There are two options for presurgical blood work, the basic or comprehensive panels. For all surgical patients, blood work provides the following information:**

- Assures proper kidney & liver function for processing anesthesia.
- Assures adequate oxygen carrying capacity and ability to fight infection and heal properly.
- Identifies “early warning” signs of major blood and organ dysfunction.
- Assures adequate platelets for blood clotting during surgery.

1.) **The basic panel includes the following parameters:**

~Packed Cell Volume (anemia) ~Total protein (healing capacity) ~Platelets (Clotting ability)
~Bun/Creatinine (Kidney function) ~ALT/ALKP(Liver function) ~Glucose (Blood sugar)
~WBC/white blood cell count (anemia or infection)

2.) The comprehensive panel tests for all of the above PLUS:

~Amylase/Lipase (Pancreatic) ~ALB/TP (Inflammation detection)
~T4 (Thyroid) ~Urinalysis (Kidney, Liver, Infection)

- Please perform the basic panel.
- Please perform the comprehensive panel.
- My pet is under 7 years of age and I do not want either panel performed.
- Bloodwork has already been completed. **Staff initials:** _____

USE OF SURGICAL LASER WITH SPAYS & NEUTERS

A surgical laser “seals” nerves and vessels as it makes an incision thereby decreasing post operative discomfort and bleeding.

- I elect the use of the surgical laser.
- I decline the use of the surgical laser.

PRODUCTS

Please check if you would like an e-collar (cone) or medical pet t-shirt to take home after the procedure.

- I would like an e-collar
- I would like a pet t-shirt
- I will bring my own when I pick up my pet

REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

Owner initials: _____

EXTRACTIONS IF YOUR PET IS HAVING A DENTAL

In the event that we are unable to contact you at either phone number and we find that tooth/teeth extractions are necessary please indicate your wishes

- Please perform the necessary extractions
- Do not perform the necessary extractions

ADDITIONAL PROCEDURES IF DESIRED

___ *Nail trim* ___ *Ear cleaning* ___ *Microchip (\$10 off when under anesthesia)* *Other:* _____

YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:

Emergency # _____ **Add'l emergency #** _____

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) _____. I understand that full payment is due at time of pickup.

_____ **SIGNATURE**