

CROSSROADS ANIMAL HOSPITAL
651 HWY 71 W
BASTROP, TX 78602
512-321-0506



PATIENT NAME - PLACE PATIENT
LABEL HERE

SURGICAL RELEASE FORM

PROCEDURE: _____

ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED

In the best interest of your pet's health, every surgical procedure includes:

- * Physical exam before anesthesia
- * Full monitoring during surgery
 - Heart Rate, Blood Oxygen
 - Temperature
 - Blood Pressure
- * Administration of sedation before surgery
- * Administration of pain medication during surgery
- * IV fluid therapy during anesthesia
 - Maintains blood pressure, reduces risks to organs
 - Able to administer routine drugs in case of emergency

If your female is found to be pregnant at the time of surgery please check one of the following options:

Keep the babies and discontinue surgery Terminate pregnancy and continue surgery

PLEASE NOTE: There is an additional surgical cost if your female is in heat or pregnant

Vaccine Recommendations for Surgery: (please initial below for decline)

Rabies:	<input type="checkbox"/> Current	<input type="checkbox"/> Due	Required by state of TX	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline*			
DHLPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline*					
Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline*					
FVRCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline*					
FELV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accept <input type="checkbox"/> Decline*					

* I have declined other recommended vaccinations for my pet at this time, acknowledging the risks that may or may not be involved in doing so. _____

By my signature below: I hereby consent and authorize CROSSROADS ANIMAL HOSPITAL, its doctors, agents, employees and representatives to perform the above listed procedure on my pet. I also authorize them to utilize diagnostics, treatment, surgical, anesthetic and sedative protocols as deemed necessary. I hereby certify I am informed of the possible risks and complications associated with these procedures including death. I also certify that no guarantee or assurance has been made as to the results that maybe obtained.

Signature: _____ Phone# _____

We cannot guarantee all pets coming in will be free of fleas. If your Pet is found to have fleas upon arrival, they will be given a single dose of Capstar without consent, at your expense.

PLEASE NOTE: In accordance with TX H.B. #2063 we are informing you that we do not have staff on-site 24/7. We are here from 7 am - 6 pm M-F and on weekends our staff comes in twice a day to care for kennel pets. Also, our facility is not equipped with a fire protection sprinkler system. Initial _____

Staff Initials: _____

Date: _____

Check-in Time: _____

Growth Removal Chart

Please indicate on the chart below where the growth is on your pet that is to be removed. Also, please mark YES or NO if you would like the growth sent to our lab for testing. Please then sign and date this section. Thank you.

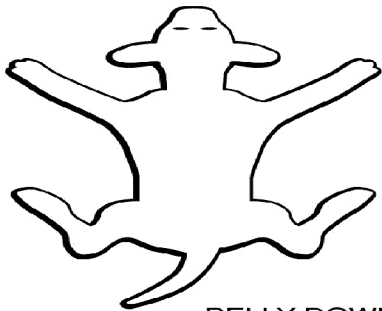
Would you like the growth sent to the lab for testing? YES NO

X _____ Phone # _____

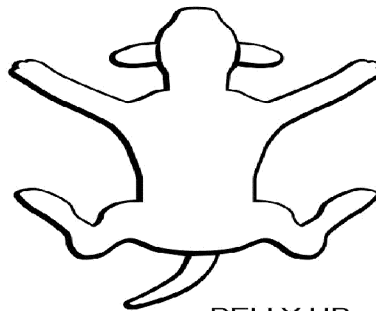
Alternate Name: _____ Alter. Phone # _____

GROWTH/LESION CHART

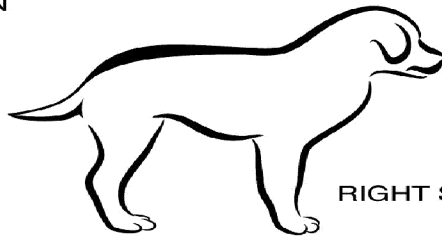
GROWTH/LESION CHART:
Please map on the chart(s) below any growths, masses or lesions you would like checked and or removed today. Please leave specific instructions on length of time noticed, if its gotten bigger/color change, etc. Also, note if you would like removed, aspirated or both. Please also leave good, valid phone numbers so the Doctor can reach you if possible. Thank you :)



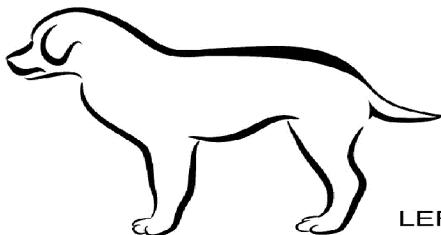
BELLY DOWN



BELLY UP



RIGHT SIDE



LEFT SIDE

NOTES: _____

Thank you for entrusting us with your pet's care. We will do everything we can to honor that trust and provide your pet with the best care possible.

Crossroads Animal Hospital