

Belton Veterinary Clinic
707 W. Loop 121
Belton, TX 76513

Surgery/Dental Release Form

Owner: _____ Patient: _____ Procedure: _____

Please read carefully and sign: If your pet requires anesthesia we recommend a blood profile to reduce any risk and to check your pet's health prior to performing the procedure. These tests are similar to those that your physician would run if you were to undergo anesthesia. Test results will also serve as future reference values should your pet become ill. **Please note that all pets will spend the night after their surgery unless cleared by a veterinarian for same day pick up.**

Please choose an option in each section below that you would like to have done while your pet is here:

Pet Health Screen (CBC & Chemistry Panel)

This is a series of tests that check the kidney and liver function, blood sugar and protein, as well as the white and red blood cell count and platelet count of your pet. This is highly advised in geriatric patients (patients 8 years and older) **The additional cost is \$77.50 per pet.**

() YES

() NO

Post-Op Medication:

This is an injection administered to your pet after surgery that lasts 24 to 48 hours for pain and is highly recommended with any surgical procedure. **The additional cost is \$20 per pet. This is a REQUIREMENT for Ear Crops and Declaws.**

() YES

() NO

Vaccinations:

Your pet must be current on **ALL** vaccinations to be admitted for surgery. If your pet is not current it will be vaccinated at your expense. If your pet is not fully vaccinated or not old enough to be fully vaccinated there is a potential risk of them contracting an illness such as kennel cough or parvo. **Please mark ONLY the vaccines NEEDED.**

Rabies: () DHLPP/C: () Influenza: () Bordatella: () FVRCP: ()

Additional Services:

Heartworm Test: () Fecal: () Express Anal Glands: () Check Ears: () Check Skin: ()

Toe Nail Trim: () Other: _____

If your pet is undergoing a dental procedure and extractions are necessary, there will be an additional charge depending on the difficulty of the extraction.

***Any pets with fleas will be treated at the cost of the owner.**

I assume full financial responsibility for the animal and understand the potential risks associated with anesthesia and surgery.

Emergency Contact Number: _____ Date: _____

Owner's Signature _____