



Surgical Release Form

Date: _____ Owner's Name: _____ Pet's Name: _____

What procedure will be we performing today?: _____
-If performing a dental, pre-approved amount for extractions. If over, we will call for approval.
\$ _____

Is your pet allergic to any medications?: _____

Has your pet had any injuries or illnesses in the last 30 days? _____
-If yes, please explain: _____

Does your pet have any history of seizures?: _____

Is your pet currently on any medications?: _____
-If yes, please list what medications and when they were last given:

Did your pet eat this morning? _____

Pre-surgical blood screening is recommended for all pets prior to giving anesthesia. The information derived from this screening could be critical to your pet's health. I do _____ or I do not _____ give permission to have blood screening done for my pet. I understand that I assume the responsibility for any complication or risk resulting from the refusal of this recommended service.

In addition to the items on your estimate, would you like any other procedures while your pet is under anesthesia?:

Microchip: _____ Vaccinations: _____ FeLV/FIV test: _____ Heartworm/Tick Panel: _____
Other: _____

Normal pick up time is between 4:00-5:00PM, in the event that your pet awakes from anesthesia quickly, would you be available for earlier pick up? _____

Primary phone number you can be reached at **today**: _____

The staff at Blackberry Veterinary Center, PLLC will use all reasonable precaution against escape, injury, or death of pet. I understand that anesthesia and surgery always involve some risk and that I will not hold BBVC responsible for any unforeseeable incident that may happen. I also understand that if I am unreachable at the number provided, BBVC will make the best decision possible for the well-being of my pet.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE INFORMATION ABOVE.

Signature: _____ Date: _____