

## SURGERY RELEASE FORM

PLEASE READ AND SIGN THIS FORM AND BRING ALONG WHEN YOU DROP OFF YOUR PET.

Monona Veterinary Hospital P.C.

Dr. Chris Jensen

Date of procedure \_\_\_\_\_ Procedure \_\_\_\_\_

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Phone: \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Our surgery check-in time is between 7:00 a.m. And 9:00 a.m. Please remove all food after 6:00 p.m. the night before. You may continue to give water and any medications. You may pick-up your pet between 4:00 p.m. and closing time. If you have any questions please call us.

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 Chris D. Jensen, D.V.M. His agents, servants, and/or representatives, full and complete authority to perform the surgical procedure(s) described as \_\_\_\_\_.  
Send biopsy to outside lab Y N

In addition, you have the option of your pet receiving an analgesic injection (pain medication) after the procedure to minimize any pain that might be experience. This is done in the clinic after your pet comes out of anesthesia. And/or we can provide a pill form to take home for the next few days. If you would like this option please check the appropriate box: Injection\_\_\_\_ Pill form\_\_\_\_ Both\_\_\_\_ None \_\_\_\_\_

Please indicate preferences below

*Pre-anesthetic bloodwork (required if pet is 7 yrs of age or older)	Y	N
*Remove dewclaws	Y	N
*Dental cleaning with extractions, if needed	Y	N
*Surgical Laser	Y	N
*Laser Therapy Treatment(s)	Y	N
*Microchip Identification insertion	Y	N
*Fecal (check for intestinal parasites)	Y	N
*FeLV/FIV / If positive do you want to Euthanize Y N _____ initial	Y	N
*Heartworm/Lymes/Ehrlichia/Anaplasmosis	Y	N
*Nail Trim	Y	N

I, authorize the veterinarians of Monona Veterinary Hospital P.C. to administer vaccinations and parasite control as deemed necessary. I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal. This form shall be valid for one (1) year from the date hereof unless revoked in writing by me.

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

Contact Phone numbers \_\_\_\_\_