OSPIKA ANIMAL HOSPITAL Surgical Release Form

I certify that I own the above described animal and authorize OSPIKA ANIMAL HOSPITAL, to hospitalize and administer medications, test, surgical procedures, anesthetics or treatments that the Doctors deem necessary for the health, safety, or well being of my pet while it is under their care and supervision.

= = = = = = = = = = = = = = = = = = =	surance has been made regarding the results to changes incurred to the patient.Please indicates in the patient of the patient	-
decrease in appetite? increase in thirst? vomit/and/or diarrhea? decrease in energy level?	□ unwilling to jump, run or climb stairs? □ coughing? □ history of any possible recent trauma? □ any previous allergic reactions?	☐ Patient has not eaten since last night? ☐ Any medication this am?
performed prior to anaesthesia to compromise your pet's health and may reduce the risks and identify	dentify all health problems, <i>it is strongly recon</i> to identify any existing conditions that could condition that could condition and recovery. A blood panel does not guarantee any medical conditions that could require future sthetic panel is \$54.00. I, agree to the	omplicate the procedure and the absence of complications but ure medical treatment. The
blood profile be performed prior procedure and compromise your complications but may reduce the treatment. The cost is \$198.00 at	dentify all health problems, <i>it is strongly recont</i> to anaesthesia to identify any existing conditional pet's health and recovery. A blood panel does to risks and identify any medical conditions that and includes chemistry, complete blood count, or ing performed on my pet. Yes/No	ions that could complicate the s not guarantee the absence of t could require future medical
· -	s another helpful diagnostic to assure your p nduction, meaning it checks the electrical me	
be detected by heart auscultation present. An offsite cardiologist	tions/pumps appropriately. Some arrythmia on during physical exam, but some arrythmia will assess the ECG prior to the procedure an e and if further diagnostics are warranted pri t yes/no	s are subtle or not consistently d if there are any abnormalities,
= : :	tattooed while under anesthetic for identifica, agree to have my pet tattooed. Yes / No	ation purposes. The charge for this
For the protection and safety of fully vaccinated. Vaccines are red	your pet and our patients, it is required that a quired for your pet. Yes / No	ll animals admitted to this facility are
=	resent, we recommend they be removed while dewclaw. I,, agree to have r	_
If present, we recommend the redeciduous K9. Yes / No	emoval of deciduous (baby) teeth while under	anesthetic. The charge is \$56.00 per
Phone number between 8:30am	and 5:00pm I can be reached at:	