

# Arkansas Veterinary Clinic Surgery Release

Pet Name \_\_\_\_\_ Are vaccinations current? [ ] Yes [ ] No

Procedure(s) to be performed: \_\_\_\_\_

Other Request: \_\_\_\_\_

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**\*If your dog is IN HEAT while being spayed, there will be an additional charge according to weight.** Additional Procedures such as Pre-Op Blood Screen, Electrocardiogram/Oxygen Monitoring & Pain Medication are available for a minimum fee. These additional procedures are designed to further enhance the care that we can provide. Should you not desire for us to perform any of these procedures, please graciously decline them when filling out this surgery release form.

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**Pain Medications:** [ ] Yes [ ] No (Additional charge based on drug & dosage)

**If Yes:** [ ] Pre-Op Injection or [ ] Post-Op Take Home Meds

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Do you wish to have your pet on electrocardiogram/Oxygen monitoring? [ ] Yes [ ] No  
(Additional cost of \$25)

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### Owner Release

I ( ) Do ( ) Do Not authorize the recommended Pre-anesthetic Blood Screen at a cost of **\$86.24**. I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service. We strongly recommend a Pre-Anesthetic Blood test profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatment. Arkansas Veterinary Clinic will use all reasonable precaution against injury, escape or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet and I agree to hold Arkansas Veterinary Clinic harmless, in the absence of negligence, in connection with these procedures. I also understand that Arkansas Veterinary Clinic is not staffed 24 hours a day and after-hours treatment of patients is at the discretion of the veterinarian. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem best for my pet. I have read the foregoing, understand what it says, and I agree.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(owner/agent)

Phone Number where you can be reached today in case of emergency: \_\_\_\_\_