

**Red Oak Animal Hospital
4895 Ben Hill Road
College Park, Ga. 30349
(404) 767-8513**

Surgery Release Form

Client ID :	403	Patient ID :	1
Client Name :	Ronald Tolbert	Name :	Chaga
Spouse :	Spouse	Species :	1
Address :	4525 Ridge Road	Breed :	Australian Shepard
City / State / Zip:	College Park, GA 30349	Sex / Altered :	M / N
Telephone :	(404) 767-5032 (404) 767-8513	Color :	Blue Merle
		Weight :	45
		Birth Date :	10/24/10

Doctor: Ronald H.Tolbert, D.V.M.

Please answer the following questions regarding your pet's history:

Yes No Is your pet on heartworm prevention?
 Yes No Has your pet been checked for internal parasites in the last six months?
 Yes No Any vomiting, coughing or diarrhea noted?
 Yes No Has your pet eaten this morning?
 Yes No Has your pet been ill or injured in the past 30 days?
 Yes No Is your pet allergic to any medications? If so what? _____

We recommend a blood panel be run before the surgery to help detect any internal problems that may not be evident upon a physical examination. This process includes drawing a single blood sample. The cost of the recommended blood panel is \$ _____.

Yes, I do want the recommended blood panel _____

No, I do not want the recommended blood panel _____

Would you like to have any additional procedure(s) done while your pet is under anesthesia? If so what?

Telephone number where the owner can be reached _____

Surgery to be performed _____

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery(s),

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgement. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed.

I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

date

signature of owner or agent