

## Ft. Thomas Animal Hospital Surgical Release Form

Please List phone numbers where you may be reached between 10a-4pm

1. \_\_\_\_\_ 2. \_\_\_\_\_

- Would you like to receive a text message update with a recovery photo of your pet following their procedure?  YES  NO
- List any medications that your pet is currently taking \_\_\_\_\_  
\_\_\_\_\_ Time last given:  
\_\_\_\_\_
- What time was your pet's last meal?  
\_\_\_\_\_
- Procedure to be performed:  
\_\_\_\_\_
- Do you have a doctor preference:  Yes  No  
If yes, Please specify \_\_\_\_\_

**Please check the procedures that you authorize us to do prior/during surgery: NOTE: costs vary based on procedures required-please inquire at drop off**

- Pre-Op bloodwork (\$58.00)
- Laser surgery
- Vaccinations
- Extraction of retained puppy teeth
- Other, please list: \_\_\_\_\_

**Please check the items that apply to your pet's health history:**

Does your pet have seizures?  Yes  No      Does your pet have a heart condition?  Yes  No  
Does your pet have diabetes?  Yes  No      If yes, what time was insulin last given and how many units did your pet receive?  
\_\_\_\_\_

\_\_\_\_\_ Has your pet had any significant illness in the past 30 days?  Yes  No  
(If yes, specify below)  
\_\_\_\_\_

\_\_\_\_\_ Are there any medications your pet could not tolerate in the past or has an allergy/sensitivity to?  
\_\_\_\_\_

**For all Dental procedures:** The Doctor will determine what teeth need to be extracted and/or if oral radiographs are necessary, unless otherwise instructed by owner. **NOTE: Additional fees may apply**

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During surgery your pet will receive a pain relief injection, which will last for 6-8 hours. **Post-op pain medication is recommended for all procedures.** Unless otherwise instructed, pain medication will be sent home with your pet if the Veterinarian feels that it is warranted.

**Owner Release:** Ft. Thomas Animal Hospital will use all reasonable precautions for the well-being of your pet. I understand that anesthesia involves some risk to my pet. FTAH will not be held responsible or liable in any manner in connection therewith. I assume all responsibility.

**NOTE: Full Payment is expected at the time of pick up.**

Owner/agent signature: \_\_\_\_\_

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