

Steamboat Animal Hospital Surgery/Anesthesia Release Form

DATE: <date> OWNER: <contact> <client> CLIENT #<number>
 PET: <animal> WEIGHT: <weight>
 Appointment Notes: <appt-notes>

Please leave *AT LEAST ONE* contact number where you will be reachable today:

Contact Person:	Phone #		Home	Work	Cell
1st _____	_____				
2nd _____	_____				

Patient History (please circle):

- | | | | |
|---|-----|----|----------|
| • Did your pet eat this morning? | YES | NO | NOT SURE |
| • Is your pet taking any medications?
If yes, please list medication and time last given _____ | YES | NO | NOT SURE |
| • Does your pet have any known allergies?
If yes, please list _____ | YES | NO | NOT SURE |
| • Does your pet have a history of seizures? | YES | NO | NOT SURE |
| • Is your pet up-to-date on vaccines? | YES | NO | NOT SURE |
| • Has your pet been in heat recently?
If yes, when was last heat cycle? _____ | YES | NO | NOT SURE |
| • Is your pet pregnant? | YES | NO | NOT SURE |
| • Has your pet been treated for fleas in the last 30 days
If yes what product _____ | YES | NO | NOT SURE |
| • Has your pet been ill or injured in the last 30 days? | YES | NO | NOT SURE |
| • Do you have any health concerns today?
If yes, please list _____ | YES | NO | NOT SURE |

Safety and Comfort: For the safety and comfort of our patients, and for the peace of mind of our clients, we have a minimum set of requirements before, during and after anesthesia. In addition, we offer other optional services. All the costs are fully outlined below. While we attempt to be accurate, the prices below do not include the cost of unforeseen circumstances, and all efforts will be made to contact you before this occurs.

Included in the Surgery Procedure:

For the safety and comfort of our patients, the following items are included in the price of the procedure:

- *a pre-surgical physical examination the day of surgery
- *placement of an IV catheter for intravenous access for fluids and/or medications
- *advanced monitoring of vital systems
- *Intravenous(IV) fluids during surgery to maintain blood pressure
- *an analgesic injection before the procedure that lessens the perception of pain post-operatively

Please read and initial the following:

- ____ I understand there will be an additional fee if my pet is in heat/pregnant while undergoing a spay surgery
- ____ I understand that if fleas are found on my pet he/she will be treated with one dose of Capstar at my expense.
- *This will rid my pet of fleas for 24 hours only.

*PLEASE SEE NEXT PAGE

