WARWICK ANIMAL HOSPITAL
SURGICAL RELEASE FORM

R.C. Hope, D.V.M., Krista Vega, D.V.M, Shelly Ashley, D.V.M., Andy Cooper, D.V.M., Brett Boatsman, D.V.M.

Owner's Name:	<contact> <client>	Date _____
Case No:	<number>	
Street:	<address>	
City:	<city>	
Phone:	<area>-<phone>	
Pet's Name:	<animal>	
Breed:	<breed>	
Sex:	<sex>	
Age:	<age>	
Color:	<color>	

I, the undersigned, do hereby give permission for Warwick Animal Hospital, Drs. Hope, Vega, Ashley, Cooper and Boatsman to perform the following procedure(s) on <animal>.

_____

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I authorize Warwick Animal Hospital to perform any other procedure that, at their discretion, may be necessary to promote the health of the above-described pet.

I understand the surgical procedure being performed and that it has been explained to me and I accept the risks involved for my pet.

I also understand that an anesthetic will be administered for the said procedure and that it has been discussed with me and I accept the risks involved.

Before anesthetizing your pet, we will perform a complete physical examination. However, many disorders of the liver, kidney and blood are not detected unless blood testing is performed. We will perform one of the following blood workups on your pet prior to anesthesia. We do require complete blood work-up for animal 7 years of age or older.

Please check one of the following:

_____ I authorize a complete blood work-up prior to anesthesia for a fee of $140.00.

_____ I authorize a minimal blood work-up prior to anesthesia for a fee of $110.00.

Yes ☐ Warwick Animal Hospital offers Microchip Identification. I would like to have this done on my pet while under anesthetic **for a limited time price of $65.00**, which includes implantation and registration.

No ☐ **Email address for registration** _____

Signed _____

Phone (Today)_____

CHECKED IN BY_____