

West Central Veterinary Services

316 N Jackson St
Greencastle, IN 46135
Phone: (765) 301-4369

1472 S US Hwy 41
Rockville, IN 47872
Phone: (765) 569-3210

212 W US Hwy 136
Veedersburg, IN 47987
Phone: (765) 294-2203

SURGICAL/ANESTHETIC RELEASE

Name _____ Pet _____ Date _____

Home # _____ Work # _____ Cell # _____

Your Surgeon will be Dr. _____ Staff Member Initials _____

- YES NO
- () () Are vaccinations current within the last 12 months?
- () () Is your dog on heartworm preventative?
- () () Is your pet on a monthly flea/tick preventative?
- () () Has your pet been checked for worms in the past 6 months?
- () () Has your pet experienced any recent vomiting, coughing, or diarrhea?
- () () Did your pet eat this morning?
- () () Is your pet allergic to any drugs? _____
- () () Has your pet had any illness or injury within the last 30 days? _____
- () () Is your pet currently on any medication? _____

As the owner or agent of the above animal, I hereby give my consent to WCVS to perform the following procedures:

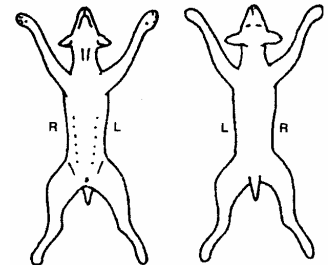
1 _____ 2 _____ 3 _____

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect WCVS to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize that results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

We recommend a pre-surgical blood screening on all animals to be anesthetized. Advances in medicine have greatly reduced surgical risks, but your pet may have health problems that are not immediately apparent during physical exam. Unidentified problems, which can be detected through blood work, could complicate the procedure and need to be addressed before the surgery is performed. Therefore, we have screening guidelines for pets according to their age and species. The selected tests will be performed in our clinic prior to surgery. Please note that these tests are discounted from standard fees.

I also understand that if external parasites (fleas, ticks, etc.) are present, my pet will be treated at my expense. This is to ensure that our hospital can maintain as clean an environment as possible for our patients.

- () I would like the selected pre-surgical screen performed on my pet:
- | | |
|--------------------------------|------------------------------|
| A. CBC/Mini Chemistry Panel | D. Fecal Analysis |
| B. CBC/General Chemistry Panel | E. Feline Leukemia Test |
| C. Heartworm Test | F. Feline Leukemia/Aids Test |
- () I decline the pre-surgical screen for my pet.
- () I would like pain medication for my pet. Injection/Take Home/Both



Other Procedures to be Performed During Your Pet's Stay:

Microchip ID	Examine Ears	Ear Cleaning	Flea Treatment	Bordetella
Nail Trim	Anal Gland Expression	Extract Baby Teeth	Examine Skin	Lyme
Rabies	DHPP/DHLPP	FVRCP	Feline Leukemia	Deworm

Signature of owner/agent _____

Date _____