

Belton Veterinary Clinic  
707 W. Loop 121  
Belton, TX 76513

**Surgery/Dental Release Form**

Client: \_\_\_\_\_ Patient: \_\_\_\_\_ Procedure: \_\_\_\_\_

**Please read carefully and sign:** If your pet requires anesthesia we recommend a blood profile to reduce any risk and to check your pet's health prior to performing the procedure. These tests are similar to those that your physician would run if you were undergoing anesthesia. Test results will also serve as future reference values should your pet become ill. **Please note that all pets will spend the night after their surgery unless cleared by a veterinarian for same day pick up.**

**Please choose an option in each section below:**

**Pet Health Screen (CBC & SMA)**

This is a series of tests that checks the kidney and liver function, blood sugar and protein, as well as the white and red blood cell count and platelet count of your pet. **The additional cost is \$77.50 per pet.**

Yes

No

**Post-Op Pain Medication:**

This is an injection administered to your pet after surgery that lasts 24 hours for pain and is highly recommended with any surgical procedure. **The additional cost is \$20 per pet. This is a REQUIREMENT for Ear Crops and Declaws.**

Yes

No

**Vaccinations:**

Your pet must be current on **ALL** vaccinations to be admitted for surgery. If your pet is not current it will be vaccinated at your expense. If your pet is not full vaccinated or not old enough to be fully vaccinated there is a potential risk of them contracting an illness such as kennel cough or parvo.

Rabies: \_\_\_\_\_ DHLPP/C: \_\_\_\_\_ Influenza: \_\_\_\_\_ Bordatella: \_\_\_\_\_ FELV/FVRCP: \_\_\_\_\_

**Additional Services:**

Heartworm Test: \_\_\_\_\_ Fecal: \_\_\_\_\_ Express Anal Glands: \_\_\_\_\_ Check Ears: \_\_\_\_\_ Check Skin: \_\_\_\_\_

Other: \_\_\_\_\_

**If your pet is undergoing a dental procedure and extractions are necessary, there will be an additional charge depending on the difficulty of the extraction.**

**\*Any pets with fleas will be treated at the cost of the owner.**

I assume full financial responsibility for this animal and understand the potential risks associated with anesthesia and surgery.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Email (Optional): \_\_\_\_\_