

GROWTH REMOVAL AND SURGICAL RELEASE FORM

{FIRSTNAME} {LASTNAME} {NAME}
{ADDRESS1} {ADDRESS2} {SPECIES}/{BREED}/{COLOR}
{CITY}, {STATE} {POSTALCODE} {SEX}
{PHONENUMBER} {CURRENTWEIGHT} {CURRENTWEIGHTUNIT}

I request and authorize Fort Hunt Animal Hospital to hospitalize my pet to have a growth removal procedure performed. An IV catheter and fluids are included in this procedure. An IV catheter and fluids are included in the cost of the procedure. An IV catheter allows immediate intravenous access in case of emergency and the administration of intravenous fluids to help maintain blood pressure and hydration during surgery.

_____ Owner Initials

Laser surgery is available for most growth removal procedures. There are many advantages to using the laser for surgical procedures. The laser cauterizes blood vessels as it cuts through tissue leading to decreased bleeding, swelling, and pain. The doctor will choose whether or not the laser is appropriate for your pet's procedure and may use it at his/her discretion. _____ Owner Initials

A biopsy of the removed growth may be deemed necessary by the doctor. Biopsies are performed at an outside laboratory by veterinary pathologists. Yes _____ No _____ Doctor's discretion _____

A microchip is a form of permanent identification that can be implanted while your pet is under anesthesia. Yes _____ No _____

While under anesthesia, we can give your pet a nail trim for a reduced cost of \$9.00. Yes _____ No _____

If your pet appears painful, he/she will be given additional pain medications as deemed necessary by the doctor. There is an additional cost for the pain medication administered by the doctor. Your pet may also receive antibiotics while hospitalized. The cost is dependant on the antibiotic dispensed. _____ Owner Initials

If your pet is found to have fleas treatment will be initiated at a nominal fee based on your pet's weight

I understand there are risks associated with anesthesia and surgery, and that the doctors will do their best to minimize these risks. If my pet's vital signs change such that additional supportive treatment is needed, the doctor will try to contact me; however, if I cannot be reached I understand that the hospital will proceed with supportive life-sustaining procedures. Payment in full for all services listed above is expected at discharge. _____ Owner Initials

Would you like a formal estimate before the procedure? Yes: _____ No: _____

Signature: _____

Phone number(s) where you can be reached during your pet's hospitalization: _____