

**Henderson County Veterinary Hospital**  
**SURGERY RELEASE FORM**  
**Dr. Jesse A Richardson, DVM**

|                 |               |
|-----------------|---------------|
| <b>Owner:</b>   | <b>Breed:</b> |
| <b>Phone #:</b> | <b>Sex:</b>   |
| <b>Patient:</b> | <b>Age:</b>   |
| <b>Date:</b>    | <b>Color:</b> |

**\*\* It is recommended that all patients have routine blood work before anesthesia.**  
**\*\*Blood work is MANDOTORY on geriatric patients (7-10yrs or older)\*\***

\*\*Please initial:\*\*

- Is your dog/cat pregnant or in heat? Yes \_\_\_ No \_\_\_ Unknown \_\_\_. *If you answer yes or you do not know and your pet is pregnant or in heat, there will be an additional cost of \$32 added to the cost of surgery.*
- \_\_\_ Please complete the blood work you recommend prior to surgery on my pet. If abnormalities are found, please call and inform me. **Additional charge is \$45.00.**
- \_\_\_ I have decided to refuse the recommended pre-operative blood work at this time and request that you proceed with the surgical procedure.
- \_\_\_ Has your pet in the past had any medical condition that we need to know about, if so what \_\_\_\_\_
- \_\_\_ Is your pet on any medications at this time, please list them: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Jesse A. Richardson, full and complete authority to perform the surgical procedure described as:

OHE (Female)      Neuter (Male)      Other: \_\_\_\_\_

I do hereby and by the presents forever release the said doctor, his agents, servants, or representatives from any and all liability arising from said surgery on said animal.

**Signed:** \_\_\_\_\_

***\*\*Anesthesia affects each animal in a different way, you should be aware that there could be complications which would require special treatment and care. These procedures could lead to additional expense. There are times when your pet could need immediate therapy to correct the problem, but if possible we will contact you first.***

***\*\*As in human medicine, there is the remote possibility that your pet could have complications which result in death.***

***\*\*Pain Medication: Post-surgical pain medication is optional but recommended on all surgery.***

Canine \_\_\_ Small (0-25lbs) \$10.00      \_\_\_ Medium (26-50lbs) \$12.00  
 \_\_\_ Large (51lbs+) \$15.00      \_\_\_ Feline: \$18.00

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Signature** \_\_\_\_\_