

Quartz Mountain Animal
Hospital
8875 E. Via Linda
Scottsdale, AZ 85258
480-860-1433 info@quartzvet.com

SURGICAL RELEASE FORM

Date: 02/22/2021

Internal Usage Quartz Scottsdale AZ 85258 Acc. No: 4940 Phone:	_____ CANINE Golden Retriever Tag: None Doctor: Diego Florez, DVM	Age: N/A Sex: ML
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Authorization for Medical/Surgical Treatment

Our greatest concern is the well being of your pet. An examination of your pet will be performed prior to giving any anesthetic. To avoid any potential problems, we will be drawing a small amount of blood from your pet and performing a pre anesthetic blood screen to further protect your pet. Results will be available that same day to determine whether anesthesia should be given.

Spay ***If pet is pregnant:*** Do you wish to continue with the surgery? YES NO

Dental Cleaning/Prophylaxis: If your pet requires extractions YES NO, Call First

Please include the following items during my pet's procedure:

Toe Nail Trim Toe Nail Trim to the quick Ear Flush Microchip

Growth/Tumor Removal Vaccines 4 dx test

Pain medication, antibiotics, and anti-inflammatory medications may be recommended to ease the pain and prevent any infection following surgery.

Pain/Antibiotic/Anti-inflammatory Injections

Pain/Antibiotic/Anti-inflammatory Medications to go home.

I understand that anesthesia carries risks and I give Quartz Mountain Animal Hospital permission to place my pet under anesthesia. I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the Veterinarian. I realize that results cannot be guaranteed and will not hold Quartz Mountain Animal Hospital staff responsible should my pet expire while under anesthesia. I have read and understand this authorization and consent. _____Initials

I authorize today a maximum expenditure of \$ _____ prior to speaking to the veterinarian.

Owner signature: _____ Date: _____

Phone: _____ E-mail: _____