



AnimalWorks  
3377 Regal Drive ♦ Alcoa, TN 37701 ♦ 865-379-2227

## Pre-Surgery Release Form - **DOG**

Surgery Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_ Alt. Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

### **PET'S INFORMATION:**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: MALE FEMALE

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ How long have you had your pet? \_\_\_\_\_

Please list any Medical Conditions / Medications: \_\_\_\_\_

\_\_\_\_\_

### **SPAY / NEUTER**

- (FEMALE)  SPAY for my dog – **UNDER 40lbs** (\$62.00)  
 SPAY for my dog – **OVER 40lbs** (\$72.00)
- (MALE)  NEUTER for my dog – **UNDER 40lbs** (\$46.00)  
 NEUTER for my dog – **OVER 40lbs** (\$56.00)

### **INDIVIDUAL VACCINES & TESTS**

**Rabies Vaccine is required for all surgical patients. If written proof cannot be provided during check-in, this will be administered at time of surgery.**

- I have written proof of Rabies  
 Rabies Vaccination needed today (\$10.00)

**Distemper/Parvo Combo Vaccination** is strongly recommended for dogs.

- Distemper / Parvo Combo Vaccination needed today (\$12.00)

**Heartworm testing** is **strongly** recommended for dogs more than 6 months of age. Heartworms are transmitted by mosquitoes and potentially fatal – and much easier to prevent than to treat.

- Heartworm Test needed today (\$23.50)

**\*NOTE: Heartworm Preventative can only be purchased if your dog is tested today or if you can provide proof that your pet tested negative within the last 12 months & has been kept current on heartworm preventative.**

**Frontline Plus** (Recommended flea & tick control for Dogs) can be applied today at time of surgery.

- Apply Frontline Plus at time of surgery – \$11.00 (\$1.50 - \$4.50 Savings)

**Kennel Cough (Bordetella) Vaccine** is recommended for dogs that come into contact with dogs of unknown medical history.

- Kennel Cough (Bordetella) Vaccination needed today – \$12.00

**Fecal samples** may be checked to see if intestinal parasites such as Roundworms, Hookworms, Whipworms & Tapeworms are present. Over the counter de-wormers are not effective in against all of these parasites.

- Please check my pet's fecal sample for parasites – \$10.00

**Microchipping** is the only permanent form of pet identification. A microchip is about the size of a grain of rice and is inserted under the skin between the shoulder blades. If your animal is lost or stolen, animal shelters can check for microchips as can most Veterinarians.

- Please microchip my pet today – \$30.00

### ***ADDITIONAL / MISC. SERVICES:***

- Nail Trim** – Please have my pet's nails trimmed today (\$8.00)
- Ear Cleaning** – Please clean my pet's ears today (\$5.00)
- Deworm** – Price determined by size of dog (\$3.00-\$12.00)

I understand that if my pet shows signs of flea/tick infestation upon exam that they will be treated at an additional charge. Additionally, if my pet shows ear mite infestation, it will automatically be treated at an additional charge.

I understand that should any complications arise during or after surgery that I may be charged additional fees. I understand that if my pet is in heat, pregnant or obese, there will be an additional charge.

### **CONSENT FOR SURGICAL STERILIZATION**

I, being of legal age and responsible for the animal described above, have the authority to grant AnimalWorks and it's staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform sterilization surgery upon the animal named above. I understand that modern techniques and trained staff will be used to care for all animals, and all precautions will be used against injury, escape, or death of the animal. It is thoroughly understood that AnimalWorks, it's staff, volunteers and agents will not be held responsible in any manner and I assume all risk. I further understand that as long as, in the opinion of the attending Veterinarian, the animal is an acceptable surgical candidate, sterilization procedures will be performed regardless of the animal's sex or medical condition (including pregnancy). I understand that the attending Veterinarian can refuse to perform any procedure on any animal for any reason and such refusal is at the sole discretion of the attending Veterinarian. I understand that animals may be identified with a permanent tattoo. I also understand that all animals must be picked up from the clinic at the time and day designated by the clinic staff. Daily boarding charges will apply to any animal left overnight. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and will be disposed of in accordance with policies established by AnimalWorks. I understand that once any animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs, including boarding expenses. If for any reason your animal bites a staff member, volunteer, or fellow client, the animal may be required to remain at the clinic for 10 days for observation at the discretion of the Veterinarian. During that time the animal will receive food, water and any necessary medical care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

**CANINE**

**Office Use Only – AnimalWorks Medical Record**

Client name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_ **CAGE #** \_\_\_\_\_ **SPAY** \_\_\_\_\_ **NEUTER** \_\_\_\_\_

PHYSICAL EXAM: General: WNL ABN NE \_\_\_\_\_

Notes: \_\_\_\_\_ Eyes, Ears, Nose: WNL ABN NE \_\_\_\_\_

\_\_\_\_\_ Respiratory: WNL ABN NE \_\_\_\_\_

\_\_\_\_\_ Heart Rate \_\_\_\_\_

**ANESTHESIA:**

<b>Pre-op</b>	<b>Anesthetic</b>	<b>Post-Op</b>
Mor./Ace _____	Ket./Val. _____	Ace _____
Torb./Ace _____	TKX _____	Yohimbine _____
Atrpine _____	TTD _____	Antisedan _____
Other _____	Other _____	Other _____

Comments: \_\_\_\_\_

**SURGERY REPORT**

Routine K9 OVH    Routine K9 Castration    In Heat    Pregnant    Crypt    Obese

<b>Suture Material:</b>	<b>3/0 Pedicles Linea</b>	<b>Sub Q</b>	<b>Subcuticular</b>
	<b>2/0 Pedicles Linea</b>	<b>Sub Q</b>	<b>Subcuticular</b>
	<b>0 Pedicles Linea</b>	<b>Sub Q</b>	<b>Subcuticular</b>
	<b>Other:</b> _____		

**Surgery Notes or Instructions:** \_\_\_\_\_

**ADDITIONAL SERVICES REQUESTED:**

<b>RABIES VACCINATION</b>	<b>RABIES TAG #</b> _____
<b>DHPP</b>	<b>DHPP (L), 1<sup>ST</sup> 2<sup>ND</sup> 3<sup>RD</sup> 4<sup>TH</sup> ANNUAL</b>
<b>BORDETELLA</b>	<b>ADMINISTERED</b>
<b>HEARTWORM TEST</b>	<b>RESULTS: POS NEG</b>
<b>FECAL CHECK</b>	<b>FECAL RESULTS:</b> _____
<b>MICROCHIPPING</b>	<b>DONE</b>
<b>DEWORM: STRONGID/Other:</b> _____	<b>DONE</b>
<b>NAIL TRIM</b>	<b>DONE</b>
<b>EARS CLEANED</b>	<b>DONE</b>
<b>FLEA/TICK PREVENTATIVE APPLIED:</b>	<b>Frontline Plus    Revolution</b>

**Comments:** \_\_\_\_\_

**ATTENDING VET NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDICAL HISTORY**

**Is your pet currently on any medications?** \_\_\_\_\_

If YES, please list: \_\_\_\_\_

**Does your pet have any past or current health problems?** YES NO

If YES, please explain: \_\_\_\_\_

**Please check any problems you have noticed:**

Problems Breathing: \_\_\_\_\_ Scratching: \_\_\_\_\_ Increased Thirst: \_\_\_\_\_ Loss of Appetite: \_\_\_\_\_

Gagging: \_\_\_\_\_ Coughing: \_\_\_\_\_ Scooting: \_\_\_\_\_ Shaking Head: \_\_\_\_\_ Depression: \_\_\_\_\_

Loss of Balance: \_\_\_\_\_ Vomiting: \_\_\_\_\_ Diarrhea: \_\_\_\_\_ Sneezing: \_\_\_\_\_ Nasal Discharge: \_\_\_\_\_

Limping: \_\_\_\_\_ Eye Discharge: \_\_\_\_\_

Other: \_\_\_\_\_ Please explain: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Are there any other animals in your home that are sick at this time? YES NO

**CLINIC NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECHECK INCISION:**

**PATIENT NAME:** \_\_\_\_\_

**SURGERY DATE:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_