



Hefner Road Animal Hospital  
Robert Purvis, DVM

Surgery Release Form

Owner \_\_\_\_\_

Patient \_\_\_\_\_

Phone number where we can reach you today: \_\_\_\_\_

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 Robert Purvis, DVM, his agents and/or representatives full and complete authority to perform the surgical procedure described below:

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And to perform any other procedure that, at the Doctor's discretion, may be necessary to promote the health of the above described pet, and I do hereby and by these presents forever release the said Doctor, his agents or representatives from any and all liability arising from said surgery on said animal.

For the protection of all our surgical patients a physical examination and pre-surgical blood screen will be performed to detect disorders of the liver, kidneys, heart and blood before anesthesia is given.

**EXTRACTIONS & OTHER PROCEDURES:** Each tooth cannot be completely evaluated until after the patient is sedated. Therefore during the cleaning process it may be necessary to remove a diseased tooth or perform minor dental procedures.

**PLEASE CHECK A LEVEL OF CARE THAT YOU DESIRE SHOULD WE NEED TO PERFORM EXTRACTIONS:**

\_\_\_\_\_ Contact owner before anything is done.

\_\_\_\_\_ Treat up to \$150.00 with procedures the Doctor deems necessary.

\_\_\_\_\_ Do whatever is deemed necessary by the Doctor.

**PLEASE COMPLETE THE OTHER SIDE**

**PREANESTHETIC ELECTROCARDIOGRAM (EKG/ECG):**

\_\_\_\_\_YES I do authorize an EKG/ECG at a cost of \$44.50

\_\_\_\_\_NO I do not authorize an EKG/ECG. I understand and assume all responsibility for additional risks/complications resulting from refusal of this service.

**MICROCHIP AND HOME AGAIN REGISTRATION:**

\_\_\_\_\_YES I authorize you to Microchip my pet while under anesthesia for the cost of \$40.00 plus the Home Again registration of \$17.50.

\_\_\_\_\_NO I do not authorize the Microchip.

**BIOPSIES:**

\_\_\_\_\_YES I do authorize the cyst, growth, or tumor be sent for histological evaluation for the cost of \$159.50.

\_\_\_\_\_NO I do not authorize histological evaluation.

**Hospitalized animals are required to have current vaccinations.**

Date\_\_\_\_\_

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Signature of legal owner or responsible party