



ABBEY ANIMAL HOSPITAL
1949 Lynnhaven Pkwy.
Virginia Beach, VA 23453
757-471-1003

OFFICE USE ONLY

Witness: _____

SURGERY RELEASE FORM

I hereby authorize Abbey Animal Hospital to receive and provide care for my pet _____. I understand that all precautions will be taken to ensure the safety and health of my pet during his/her stay. I also understand that every attempt will be made by the doctors and staff to notify me prior to additional medical treatments or costs. If however, I can not be reached, I authorize Abbey Animal Hospital to perform the necessary procedures for my pet at our discretion. I assume full responsibility for all medical expenses incurred during my pet's stay.

I have requested the following Surgery/Treatments for my pet:

_____ X_____ (initials)

X_____ (initials) To prevent the spread of infectious disease and parasites, all animals must be current on all vaccines and free from internal and external parasites. I have either provided current records or I authorize Abbey Animal Hospital to vaccinate and treat for internal and/or external parasites, as it is deemed necessary.

X_____ (initial) I understand that all anesthesia involves some risk to my pet including (very rarely) death and unforeseen complications with certain surgical procedures. I am aware that many pre-existing conditions can be identified prior to surgery by performing in house blood work. I am also aware that there is an increased risk when operating on smaller exotic animals. I will not hold Abbey Animal Hospital liable in any way in the event of complications or the death of my pet. I also understand that unforeseen complications may occur which may incur additional charges.

REQUIRED FOR PETS OVER 7 YEARS OF AGE:

(OPTIONAL FOR ROUTINE PROCEDURES ON PATIENTS UNDER 7 YEARS OF AGE, BUT STILL RECOMMENDED)

x_____ (initial) (additional charge) PRE-OP Blood work

x_____ (initials) I **REFUSE** the above for my pet who is under 7 years of age and fully understand the risks involved in not having them done.

FEMALE PETS BEING SPAYED:

X_____ (initials) If my pet is found pregnant at the time of spaying, I **DO / DO NOT** want the doctor to continue with the surgery. I realize I will still be responsible for all the costs incurred for the incomplete spay. I understand that if I continue with the surgery there will be additional costs.

X_____ (initials) I understand that if my pet is found to be **IN HEAT** there **will be** an **ADDITIONAL CHARGE**.

(Please see reverse side of page)



ABBEY ANIMAL HOSPITAL
ROBIN A.KNOPP, DVM
1949 LYNNHAVEN PRKY.
VIRGINIA BEACH VA 23456
PHONE: 757-471-1003 FAX: 757-471-2977

DON'T WASTE THE ANESTHESIA!

Your pet is going under anesthesia and this means that there are a variety of things that can be done that may not be able to be done while awake. General anesthesia is not inexpensive and sometimes multiple procedures can be performed at the same time.

Please initial any of the following procedure that you would like performed

1. _____(initials) Toenails can be trimmed much closer and this service is discounted while under anesthesia.
2. _____ (initials) Teeth can be polished and sealed as long as the dental condition does not require a full dental cleaning.
3. _____(initials) Ears can be deep cleaned and inspected.
4. _____ (initials) Sanitary grooming can be performed at this time. **A FULL GROOM IS NOT RECOMMENDED AT THIS TIME.**
5. _____(initials) Radiographs can be easily done as an additional procedure (i.e. hip, elbow, and stifle)
6. _____ (initials) A microchip can easily be placed to help you find your lost pet. This service is discounted while under anesthesia.

I have read all the above information and I understand and accept all the risk and responsibility involved.

SIGNATURE (must be 18 years of age or older)

DATE

PHONE NUMBER TODAY

OR

SECOND NUMBER