

Surgery Lump Removal Release Form



Owner's name: _____

Address: _____ Phone number: _____

Patient's name: _____ Breed: _____

Sex: _____ Age: _____ Colour: _____

Medications: _____

Weight: _____ Fasted: Yes No TGH: _____ Date: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Manzini Animal Hospital Ltd., its doctors and staff full and complete authority to perform the surgical procedure described as:

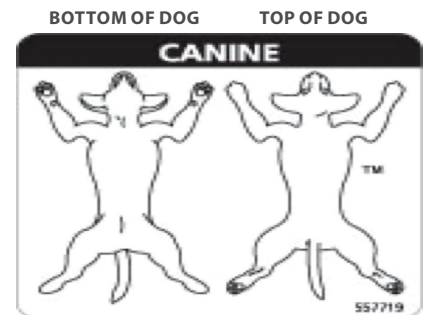
I understand that during the performance of this procedure(s) unforeseen conditions may be revealed that may necessitate an extension or variance in the procedure(s) set forth. I expect Manzini Animal Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved have been explained to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting for the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal. All animals admitted are encouraged to be current on their vaccinations and free of external parasites. Any animal which are found to have fleas will be treated at the owner's expense.

WAIVER: Our doctors use safe anesthetic and surgical protocols to minimize any risk to your pet. No anesthetic procedure, however, is completely without risk. Occasionally, pre-existing conditions not evident at the pre-anesthetic physical examination may exist. To avoid these problems, we recommend pre-anesthetic blood screening and intravenous fluids during surgery to maintain your pet's hydration and significantly minimize risk.

Included in estimate: Intravenous fluids, preanesthetic bloods (prep), comp, clotting, antihistamine, send lump(s) to histovet, cone, pain control to go home, and antibiotics to go home.

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|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Completed estimate |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Nails and anals - \$0.00 |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Cerenia (pain control/
anti-nausea) - \$20.00 - \$90.00 |

Number of lumps
for removal:



Description: _____

Signature: _____

Contact number you can be reached at today: _____