

Lowrys Animal Hospital, Inc.
2501 Lowrys Hwy
Chester, SC 29706



Surgery Release Form

Owner _____ Date ____ / ____ / ____

Pet's Name _____

Contact Numbers _____

Reason for admittance _____

I hereby authorize and direct the veterinarian(s) of Lowrys Animal Hospital, Inc. to perform the procedures and additional diagnostic and/or procedures as deemed advisable for my pet. The nature of the procedure has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in some of these procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All services must be paid for when released. Some procedures may require a deposit before surgery.**

We recommend that preanesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease and liver disease. All these conditions can contribute to complications in anesthesia and surgery. The cost of the blood work is \$50.00. I understand and would like my pet to have the preanesthetic screening as an added method of safety. This procedure is not included in the price of the actual surgery.

INITIAL IF YOU DECLINE _____

I understand and agree to the above terms and acknowledge that blood work may be done or fluids may be administered, depending on my pet's age and risk factors.

Owner's Signature _____