



WINTER GARDEN ANIMAL HOSPITAL SURGICAL RELEASE

I authorize the Winter Garden Animal Hospital to perform the following surgical procedure(s):

Spay / Neuter
Declaw (Front / Back / Both)
Mass / Growth / Cyst Removal
Cystotomy
CCR Repair
Dental (with possible extractions)
Other: _____

On (Pet's Name): _____

I understand that there is some risk involved, however minimal, with any surgical procedure involving anesthesia. I also understand that the staff of the Winter Garden Animal Hospital will use all of their knowledge and skill to take the best possible care of my pet during his/her stay in the hospital. I also acknowledge if my pet is found to have fleas, ticks or any other external parasites while in the hospital, he/she will be treated accordingly at owner's expense. I hereby release Winter Garden Animal Hospital and its staff from any and all liability regarding the above-mentioned surgical procedure(s).

Signature: _____ Date: _____

Please Initial:

I would like my pet to have an e-collar to help prevent chewing/licking of the surgical site:

Accept: _____ Decline: _____ Already have one: _____

I would like my pet to be microchipped. The fee is \$52.00, which includes: the microchip, implantation, initial registration fee (1 year), and WGAH registering your pet with HomeAgain. Please be advised that after the first year, it will be at the responsibility of the owner to renew his/her membership fee:

Accept: _____ Decline: _____ Already Microchipped: _____ X _____