

Specialty Procedure Surgical Release Form

Owner Name: _____ Patient: _____ Species _____ Sex _____
Phone Number _____ Secondary Number _____

Procedure(s):

Surgical Procedure _____

Dermatology: Removal of Skin Tumors or Skin Biopsy (Mark attached diagram)*

Ears: Hematoma **Eye:** Wedge Resection Cherry Eye Entropion/Ectropion

Genital/Urinary: Bladder Stone Pyometra Caesarean Section

Gastrointestinal: Gastric Dilation/Volvulus Exploratory Other: _____

Orthopedics: Referral

Respiratory & Heart: Heartworm Treatment Tracheal Wash

Soft Tissue: Mass Removal (Mark attached diagram)* Other: _____

Any Other Procedure NOT Listed: _____

Number of Skin Tumor(s) To Be Removed: _____ MARK ALL LOCATIONS

Number of Masses To Be Removed: _____ MARK ALL LOCATIONS

Submit Tumor for Histopathology: _____ Yes _____ No

Do you need to speak with the Doctor before Surgery: _____ Yes _____ No

Diagram to be Marked

