

Treatment and Anesthesia Release Form

There is an inherent risk in any general anesthetic procedure and during sedation/anesthetic procedures there are unpredictable reactions that may occur including death. Due to this risk, we recommend blood testing for all pets especially pets over the age of 6 years or pets with prior health conditions prior to any anesthetic procedure. Blood testing can only provide some indication that your pet may be at a higher risk to anesthetic procedure but **does not** eliminate the risk involved with an anesthetic procedure.

I understand the risk as stated above and for the procedure(s) my pet is here for today

PLEASE TEST _____ \$50 additional for Pre-surgery blood work I DO NOT WANT TESTING _____

INITIAL the requested procedures to be performed -

Procedures for DOGS

_____ Spay or Neuter (Nail Trim Included N/C)
 _____ Soft Collar more comfortable for smaller dogs \$5-\$15

Procedures for CATS

_____ Spay (Female)
 _____ Neuter (Male)
 _____ * Pain Medication \$15

*Pain management medications will be given post operatively and last 24 hours. Additional pain meds are strongly recommended by the Veterinarian this will assist in keeping your pet calm & help speed the healing process.

_____ Baby Tooth Removal \$5-10
 _____ Microchip \$30
 _____ Rabies Vaccine \$15
 _____ K-9 Distemper/Parvo Vaccine \$15
 _____ Bordetella (Every 6mo) \$20 _____ Snake \$25
 _____ Anal Gland Expression \$20
 _____ Heartworm Test \$30
 _____ Dental (if scheduled) (\$200 and up)

_____ Declaw All 4 Paws \$350
 _____ Microchip \$30
 _____ Rabies Vaccine \$15
 _____ Feline Upper Respiratory Vaccine \$15
 _____ Feline Leukemia/FIV Test \$30
 _____ Feline Leukemia Vaccine \$25
 _____ Declaw front only (scheduled)(\$175)
 _____ Dental (if scheduled) (\$200and up)

For Dentals: By initialing above I consent to tooth extractions per the doctor's discretion.

_____ Other _____

_____ Other _____

I understand that payment (Credit/Debit Card or Cash) is due in full at the time of my pet's discharge.

WE RESERVE THE RIGHT TO CHARGE UP TO AN ADDITIONAL \$15 - \$25 FOR AGGRESSIVE OR OBESE PETS!

BY SIGNING BELOW I ACKNOWLEDGE I AM AWARE THERE ARE RISKS INVOLVED WITH SURGERY (Before, during and after).

Signature _____ Date _____