

SURGICAL/ANESTHESIA RELEASE FORM

OWNER'S NAME: _____ DAYTIME PHONE NUMBER: _____
PET'S NAME: _____ AGE: _____ WEIGHT: _____
TYPE OF SURGICAL PROCEDURE/ESTIMATE: _____/_____

1. **IN-HOUSE PREANESTHETIC BLOOD PANEL FOR LIVER/KIDNEY FUNCTION(\$75)**

() YES () NO () ALREADY PERFORMED

2. **IV OR SQ FLUID TREATMENT DURING ANESTHETIC PROCEDURES(\$50-60)**

() YES () NO

3. **ADDITIONAL DENTAL CLEANING SERVICE(SMALL \$100, MEDIUM \$120, LARGE \$140)**

() YES () NO

4. **E-COLLAR(\$15)**

() YES () NO

5. **VACCINATIONS(\$45-55)**

() YES () NO, I HAVE THE PROOF OF VACCINATIONS FOR MY PET.

CF. IF YOUR PET'S VACCINES ARE NOT CURRENT, ALL REQUIRED VACCINES WILL BE GIVEN AND THE COST WILL BE ADDED TO YOUR FINAL BILL(LOW COST VACCINE CLINIC PRICE WILL BE APPLIED.)

6. **FLEA CONTROL(FRONTLINE \$16)**

() YES

() NO, MY PET HAD FLEA MEDICINE(NAME: _____) WITHIN 4 WEEKS.

CF. IF YOUR PET HAS FLEAS WHEN CHECKED IN, FRONTLINE WILL BE APPLIED AND THE COST WILL BE ADDED TO YOUR FINAL BILL.)

7. **OTHER SERVICES**

NAIL TRIMMING(\$10) () ANAL GLAND EXPRESSION(\$10) ()

EAR CLEANING(\$25) () HEARTWORM TEST(\$30) ()

I HEREBY AUTHORIZE FOR YOUR HOSPITAL TO DO THE ABOVE PROCEDURES, WHICH I HAVE MARKED. YOU ARE TO USE ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, OR DEATH OF MY PET. I UNDERSTAND THAT ALL ANESTHESIAS INVOLVE SOME RISKS TO MY PET, BUT YOUR HOSPITAL AND OR STAFF WILL NOT BE HELD RESPONSIBLE IN ANY MANNER WHATEVER OR UNDER ANY CIRCUMSTANCES IN CONNECTION THEREOF AS IT IS THOROUGHLY UNDERSTOOD THAT I ASSUME ANY AND ALL RISKS.

I HAVE READ THE FOREGOING AND AGREE

OWNER'S SIGNATURE _____ DATE _____

FAIRVIEW PET HOSPITAL