

FELINE SPAY/NEUTER RELEASE FORM

OWNER'S NAME: _____ **DAYTIME PHONE NUMBER:** _____

PET'S NAME: _____ **AGE:** _____ **WEIGHT:** _____

PROCEDURE TO BE PERFORMED: () **SPAY** () **NEUTER**

CF. EXTRA CHARGE FOR UNDESCENDED TESTICLE(\$50 FOR INGUINAL, \$100-150 FOR ABDOMINAL)

BASIC SERVICES(\$)	PACKAGE SERVICES(\$)
<p>INCLUDE FOLLOWING SERVICES:</p> <ol style="list-style-type: none"> 1. ANESTHESIA 2. ANTIBIOTIC INJECTION 3. PAIN INJECTION 4. E-COLLAR (NO E-COLLAR FOR NEUTER) 	<p>INCLUDE FOLLOWING SERVICES:</p> <ol style="list-style-type: none"> 1. ANESTHESIA 2. ANITIBIOTIC INJECTION 3. PAIN INJECTION 4. E-COLLAR (NO E-COLLAR FOR NEUTER) 5. PREANESTHETIC BLOOD TEST 6. NAIL TRIMMING
<p>IV OR SQ FLUID TREATMENT(\$50-60): () YES () NO FLUID TREATMENT IS HIGHLY RECOMMENDED FOR ALL SURGICAL PATIENT TO SUPPORT HYDRATION.</p>	
<p>ADDITIONAL PROCEDURES W/ SPAY OR NEUTER(\$):</p>	
<p>ADDITIONAL SERVICES(\$)</p> <ol style="list-style-type: none"> 1. VACCINES: () YES () NO, I HAVE THE PROOF OF VACCINATION. CF. IF YOUR PET'S VACCINES ARE NOT CURRENT, ALL REQUIRED VACCINES WILL BE GIVEN. 2. FLEA CONTROL(FRONTLINE \$16): () YES () NO CF. IF YOUR PET HAS FLEAS WHEN CHECKED IN, FRONTLINE WILL BE APPLIED. 3. NAIL TRIMMING(\$10): () YES () NO 4. PROFESSIONAL EAR CLEANING(\$25): () YES () NO 5. MICROCHIP(\$49): () YES () NO 	
<p>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.</p> <p>I HAVE READ THE FOREGOING AND AGREE</p> <p>OWNER'S SIGNATURE _____ DATE _____</p>	

FAIRVIEW PET HOSPITAL