

## CANINE 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)

<b>BASIC SERVICES(\$            )</b>	<b>PACKAGE SERVICES(\$            )</b>
<p>INCLUDE FOLLOWING SERVICES:</p> <ol style="list-style-type: none"> <li>1. ANESTHESIA</li> <li>2. ANTIBIOTIC INJECTION</li> <li>3. PAIN INJECTION</li> <li>4. E-COLLAR</li> </ol>	<p>INCLUDE FOLLOWING SERVICES:</p> <ol style="list-style-type: none"> <li>1. ANESTHESIA</li> <li>2. ANITIBIOTIC INJECTION</li> <li>3. PAIN INJECTION</li> <li>4. E-COLLAR</li> <li>5. <b>PREANESTHETIC BLOOD TEST</b></li> <li>6. <b>NAIL TRIMMING</b></li> <li>7. <b>PROFESSIONAL EAR CLEANING</b></li> </ol>
<p><b>IV FLUID TREATMENT(\$60):</b> (    ) YES    (    ) NO</p> <p>FLUID TREATMENT IS HIGHLY RECOMMENDED FOR ALL SURGICAL PROCEDURES.            DOGS OLDER THAN 7 YEARS OR ANY SICK PETS SHOULD HAVE MANDATORY FLUID TREATMENT TO PREVENT ANY ANESTHETIC COMPLICATIONS.</p>	
<p><b>ADDITIONAL PROCEDURES W/ SPAY OR NEUTER(\$            ):</b></p>	
<p><b>ADDITIONAL SERVICES(\$            )</b></p> <ol style="list-style-type: none"> <li>1. <b>VACCINES:</b> (    ) YES    (    ) NO, I HAVE THE PROOF OF VACCINATION.</li> <li>2. <b>FLEA CONTROL(FRONTLINE \$16):</b> (    ) YES    (    ) NO</li> <li>3. <b>NAIL TRIMMING(\$10):</b> (    ) YES    (    ) NO</li> <li>4. <b>PROFESSIONAL EAR CLEANING(\$25):</b> (    ) YES    (    ) NO</li> <li>5. <b>ANAL GLAND EXPRESSION(\$10):</b> (    ) YES    (    ) NO</li> <li>6. <b>MICROCHIP(\$49):</b> (    ) YES    (    ) NO</li> </ol>	
<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><b>I HAVE READ THE FOREGOING AND AGREE</b></p>	
<p><b>OWNER'S SIGNATURE</b> _____ <b>DATE</b> _____</p>	

**FAIRVIEW PET HOSPITAL**