A TO Z VETERINARY CLINIC & REHABILITATION CENTER

Hospital Procedure, Anesthesia & Medical Authorization Release Form

Client's Name	Date			
Pet's Name	Age _ Sex	ζ.		
Procedure(s)				
The time of my pet'	s last meal was: Date	Time		
Has your pet had aspirin or any other medicine within the past 12 hours? YES or NO				
Which medication(s)			
What dose & strengt	th	When?		
Concerns?				
I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit this pet, perform the above described procedures, and administer medications, anesthesia, surgical procedures, tests and or treatments that the doctors deem necessary for its health, safety and well being while under their care and supervision. I have been advised of the nature of the procedures and the potential risks and that no guarantee of successful treatment can be made. All surgical patients will receive pain management medication during surgery and at time of release.				
I acknowledge that I time my pet is discharged		ment in full for all proce	edures and treatments at the	
{FULLNAME} Printed Nam	ne Sign	nature of Owner or Aut	norized Agent	
In case of an emerge	ncy I can be reached at	Home:		
Work:	0	ther:		

If your pet is undergoing an anesthetic procedure, rest assured that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications. Nevertheless, some obscure conditions can be detected only by diagnostic testing. Because of this, we require various pre-anesthetic screening tests:				
For pets less than 6 years of age the cost is \$60(Optional) For pets greater than 6 years But less than 8 years of age the cost is \$75_(Required) For pets greater than 8 years the cost is \$135(Required)				
I have been advised of this additional cost and consent to having these tests performed.				
Please initial here YESNO				
All patients will have electronic monitoring to measure pulse, breathing rate, and blood oxygen level. All surgeries are done by laser to reduce pain, bleeding and swelling.				
Any dog or cat with fleas or ticks will be treated and the owner will be charged according				
Fecal Exam, tests a patient for internal parasites that may lead to Weight loss, Diarrhea and Vomiting The cost of the procedure is \$18 I consent to have this procedure performed – please initial YESNO				
Snap Testing- Protects your pet from diseases such as Heartworm Disease, Tick Fever, Feline Leukemia, and Fiv. Many of these diseases can be fatal, but Treatable if caught early.				
The cost of the procedure is \$35 I consent to have this procedure performed – please initial YESNO				
If Yes: Type of Heartworm Prevention Preffered Canine (Tri-Heart, Revolution, Proheart) Feline (Revolution)				
A vaccine to Prevent Feline Leukemia is available to help your cat from contracting this disease please initial YES NO Cost \$15				
State Law Requires that all pets over 3 months of age be vaccinated for Rabies. We recommend a full set of vaccinations to protect your pet from diseases like Parvo, Distemper, Fiv, and Rabies. We allow our clients to choose accordingly, but all pets will have a Rabies shots if needed before Leaving. Cost				
Rabies \$15 Full set \$50				
If my pet has this condition I consent to have this procedure performed – please initial YESNO				

This condition creat and tarter buildup. strongly recommend avoid future compli	ten suffer from retained deciduate (baby) teeth a tes overcrowding of teeth, retention of food or of This, in turn, leads to bad breath and damage to did that these deciduate teeth be extracted while y cations. The cost for this procedure varies base by ranges from \$5 per tooth	other debris between the teeth, gums and adult teeth. We our pet is under anesthesia to
If my pet has this co	ondition I consent to have this procedure perfor	med – please initial
then holds your pet practice finds it, the out or euthanized. The cost for this pro		local shelter or veterinary
	If Needed Please Ask Your Technician for a	n Estimate
		URRENTDATE[SHORT]}
Signature of	Owner or Authorized Agent	Date