## Feline Surgery and Anesthesia Release Form

I. Owner Information	<u>on</u>				
Name: Phone #: (Where you can be reached on surge					
			(When	re you can be reach	ed on surgery day)
II. Pet's Information		D 1.	<b>A</b>	3.40	T50
Name:	1' 4' 0	_ Breed:	Age:	M?	F?
Any allergies to med	ncations?	Dia your	pet eat this mo	orning:	
Please inquire to the	a cost of the pro-	eedures helow hefe	ro vou consont	to them	
1 teuse inquire to int	z cosi oj ine prod	<u>teuures betow bejo</u>	re you consem	to mem.	
III. Surgery/Anesth	iesia Informatio	<b>n</b> (Please initial wh	ich procedures	are to be per	rformed.)
Surgery to be perform					
surgery to at perror	All 4 dec	claw Other	(1111110)	110110 02	
Other procedures:	Ear cleaning	Dental	Nails	Anal gla	nds
other procedures.					
IV. Additional Proc	edures				
It is very important the		vsically fit and hea	lthy to ensure t	he safest sur	gical experience
All animals having n	o history with R	lackman Animal Cl	inic within the	loct voor wil	l ha givan a
				iast year wii	i de given a
complete physical ex	ammation prior	to surgery at a cost	01 \$28.99.		
All cats in the hospital					•
for Distemper and Le	eukemia. We rec	quire proof if the ca	t was vaccinate	ed elsewhere.	•
<b>Blackman Animal C</b>	Clinic will not be	e held responsible	for diseases co	ontracted by	unvaccinated
animals. Please init				v	
Rabies(24.37)			•		
1445105(24.57)	_ Distemper (32.5	Dun	Jiii (24.57)	<del> </del>	
We strongly recomm	and all cate he te	ested for Feline I au	kamia Virus (F	GeLV) and Fe	olina
					ATTIC
Immunodeficiency V				\$ <del>4</del> 7.31	
Please <u>initial</u> if you					
Yes No	My cat	has already been t	ested	_	
We now offer microo	chipping. The co	ost for the chip, imp	lantation and re	egistration is	<u>\$67.20</u>
Please initial if you	would like your	pet microchipped	. Yes ]	No	
·	·				
PAYMENT WILL BE M	IADE IN FULL BY	CASH, CHECK OR	CREDIT CARD.		
Owner Release (You n	nust sign below in	order for the procedu	ires to be perfor	med.)	
Blackman Animal Cli					nst injury, escape or
death. I understand t					
Clinic will not be held			• •		
Owner/Agent:			Date:		