

Victoria Park Animal Hospital

Anesthesia & Surgery Release Form

Is your pet on any medications? if so which ones? _____ Last given _____

When was medication given last? _____ Did your pet eat after midnight? _____

Phone numbers where we can reach you at TODAY: _____

I, _____, am the owner (or agents of the owner) of the animal described above. I hereby authorize Victoria Park Animal Hospital to perform such diagnostic, therapeutic, anesthetic, and surgical procedures as are necessary and advisable for the treatment and maintenance of my pet's health and well-being. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results of cure. In the event that my animal should, for some unforeseen reason, injure itself, fail to eat, become ill or die, I will not hold Victoria Park Animal Hospital and its employee's responsible. I expect that reasonable precautions will be used to insure the animal's safety and well-being while in the hospital's care and agree to pay them in full at the time of discharge. I also authorize the professional staff to provide veterinary services as requested or in an emergency to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further advised.

Screening PreAnesthetic Release

In order to evaluate your pet's basic physiological condition, we highly recommend preanesthetic testing prior to all procedures requiring anesthesia. The preanesthetic profile will help us to know if we need to take extra precautions with your pet and will help us determine the safest anesthesia. It may indicate that we should avoid a procedure altogether until a discovered problem can be corrected. The profile is not a guarantee against problems, but will certainly help us deal with a problem should it arise.

For pets under the age of 5yrs, blood work and fluids highly recommended but optional

\$75 Complete Blood Count; Liver , Kidney : I, Accept _____; Decline _____ (initial)

\$21 IV Fluids : I, Accept _____; Decline _____. Fluids help to maintain blood pressure and keep the electrolytes balanced during surgery.

PLEASE INITIAL WHETHER YOU ACCEPT OR DECLINE ANY OF THE FOLLOWING LISTED BELOW!!!

Fecal (Intestinal Parasite)Test	\$21	Accept _____	Decline _____
Rabies Vaccine 1YR	\$17	Accept _____	Decline _____
Microchip	\$60	Accept _____	Decline _____
Express Anal Glands	\$19	Accept _____	Decline _____
Nail Trim	\$10	Accept _____	Decline _____
Ear Cleaning	\$18	Accept _____	Decline _____
Dental Cleaning with spay/neuter sx	\$90	Accept _____	Decline _____
Antibiotics to go home	\$20-45	Accept _____	Decline _____
Pain Medication (To go home)	\$15- \$40	Accept _____	Decline _____

There is an additional cost for any pet that has ticks \$19, Fleas \$8. For Spay and Neuter Surgeries there is an additional cost for any pet that is in heat or pregnant * Cat in Heat \$25 – Cat Early Term Pregnancy \$45 – Late Term \$75. Dog in Heat \$59 - Dog Early Term Pregnancy \$75 – Late Term \$125. Retained Testicles- Cryptorchid Abdominal \$119 - Cryptorchid Inguinal \$55. We do not accept Checks** (Credit Card must have your name on it or used as a debit)

I understand that full payment is required for all services at drop off for the above animal.

I, hereby certify that I have fully read, understand and agree to this authorization for treatment, I accept all fees that my pet will incur while in the care of the Provider.

Signature _____ Date _____