

**Heritage Animal Hospital
ANESTHESIA AND SURGERY RELEASE FORM**

OWNER'S NAME(s) _____ **Pet's Name(s):** _____

Emergency Phone #'s for us to use Between 8am & 6pm: _____, _____

_____, _____, _____ **Call** **Text**

*****Procedure(s):** _____

PLEASE (INITIAL) YOUR SELECTIONS BELOW.

PRE-ANESTHETIC BLOOD SCREEN(\$54) (_____) ----- (\$54.00)

A pre-anesthetic blood screen helps detect anemia, diabetes, kidney disease, liver disease, and other conditions that enable us to detect any underlying health problems and determine your pet's risk for anesthetic procedures. This is recommended for all animals and **is mandatory for animals seven years of age and older.**

PAIN MEDICATION(\$35) (_____) ----- (\$35.00)

PAIN MEDICATION WILL BE ADMINISTERED TO ALL SURGICAL PATIENTS

ADDITIONAL SERVICES

Microchip Implant-with Lifetime Registration (\$36.00) (_____) ----- (\$36.00)

Nail Trim (\$8.00) (_____) ----- (\$8.00)

Anal Sac Expression (\$29.00) (_____) ----- (\$29.00)

Ear Cleaning (\$20-\$60)(_____) ----- (\$20-60)

Elizabethan Collar: To prevent licking at incision (\$15) (_____) ----- (\$15.00)

Recommended Vaccines:

Cat: FVRCP/FELV yearly (\$40) (_____) ----- (\$40.00)

Dog: DA2PPL (\$40) (_____) ----- (\$40.00)

Dog: Bordetella (\$20) (_____) ----- (\$20.00)

Cat or Dog Rabies (\$20) (_____) ----- (\$20.00)

PRICE ESTIMATE (May Vary by 10%) ----- \$ _____

*****An additional charge of \$28 will be added if a female cat/dog is in heat at the time of spay.**

*****An additional charge of \$45-\$90 will be added if a female cat/dog is pregnant at the time of spay.**

I am the owner or agent for this animal and have full authority to execute this agreement. I authorize Heritage Animal Hospital, its veterinarians and employees under their supervision, to perform the procedures outlined above. I understand that there are certain risks involved with any sedation/anesthesia or surgical procedure that can ultimately lead to the loss of my pet's life. Because of the nature of medicine, we are unable to guarantee a favorable outcome. I agree to hold Heritage Animal Hospital, its veterinarians and employees harmless from and against any and all liability arising out of the performance of any procedures referred to above, and any procedures that are deemed to be necessary to provide adequate care of the above named animal(s).

OWNER'S OR AGENT'S SIGNATURE: _____ **Date:** _____

Heritage Animal Hospital Witness _____