Heritage Animal Hospital ANESTHESIA AND SURGERY RELEASE FORM

OWNER'S NAME(s) Pet's	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(\$61) () - A pre-anesthetic blood screen helps detect anemia, diabetes, kidney diser increase your pet's risk of anesthetic complications. This is recommended seven years of age and older.	ase, liver disease, and other conditions that may
IV Catheterization and IV fluid Administration (\$62) (organs by anesthetic medications. This is
PAIN MEDICATION(\$48) () PAIN MEDICATION WILL BE ADMINISTERED TO ALL SURGICAL PA	TIENTS
ADDITIONAL SERVICES Microchip Implant-with Lifetime Registration (\$37.00) () Nail Trim (\$12.00) () Anal Sac Expression (\$34.00) () Ear Cleaning (\$25-\$60)() Laser Therapy Treatment (\$25) ()	
Recommended Vaccines: Cat: FVRCP/FELV yearly (\$22/\$24) () both)	(\$46.00
Dog: DA2PPL (\$44) () Dog: Bordetella (\$22) () Cat or Dog Rabies (\$22) ()	
PRICE ESTIMATE (May Vary by 10%)	\$
 *** An additional charge of \$35 will be added if a female cat is in hea *** An additional charge of \$75-125 will be added if a female canine i (1-50lbs you'll be charged \$75, 50lbs and up you'll be charged \$1 *** An additional charge of \$45-\$90 will be added if a female cat is provided and the second se	is in heat or pregnant. 25)
I am the owner or agent for this animal and have full authority to e Animal Hospital, its veterinarians and employees under their supervision, understand that there are certain risks involved with any sedation/apesthe	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_____