

COUNTY LINE ANIMAL HOSPITAL
ANESTHESIA/SURGICAL RELEASE FORM

I AM THE OWNER/AGENT OF _____, I UNDERSTAND THAT I AM AUTHORIZING PERFORMANCE OF THE FOLLOWING PROCEDURE(S) AND GIVE CONSENT TO THE ADMINISTRATION OF THE FOLLOWING VACCINES TO UPDATE MY PET TO CURRENT STATUS:

I WOULD LIKE THE FOLLOWING ADDITIONAL ELECTIVE PROCEDURES PERFORMED:

- _____ PAIN MANAGEMENT (Injection & Therapeutic Laser) (\$35.00–DOG/\$22.00–CAT)
- _____ PRE-ANESTHETIC LABWORK (\$70.00) – TESTS KIDNEY AND LIVER FUNCTION, RED AND WHITE BLOOD CELL LEVELS, GLUCOSE LEVEL
- _____ HEARTWORM TEST (\$28.00)
- _____ FELINE LEUKEMIA / FIV TEST (\$43.00)
- _____ DECIDUOUS TOOTH EXTRACTION (\$15.00/TOOTH)
- _____ DENTAL CLEANING AND POLISHING (\$117.00) - \$40 SAVINGS!
- _____ NAIL TRIM (**COMPLIMENTARY** WITH ANESTHETIC PROCEDURE)
- _____ MICROCHIP IMPLANTATION (\$46.00) – INCLUDES REGISTRATION

FURTHERMORE, I UNDERSTAND THAT DURING THE PERFORMANCE OF THE PROCEDURE(S) THAT I HAVE AUTHORIZED, UNFORESEEN CONDITIONS MAY ARISE. THEREFORE, I HEREBY CONSENT TO AND AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES AS ARE NECESSARY IN THE EXERCISE OF THE VETERINARIAN'S PROFESSIONAL JUDGMENT. I ALSO DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT THERE ARE NO GUARANTEES EITHER EXPRESSED OR IMPLIED THAT THE PROCEDURES AUTHORIZED WILL BE WITHOUT COMPLICATIONS FROM UNEXPECTED EVENTS BEYOND THE VETERINARIAN'S AND HOSPITAL'S CONTROL.

THERE WILL BE AN ADDITIONAL \$67.00 CHARGE FOR ANIMALS THAT ARE IN HEAT OR PREGNANT OR EXCESSIVELY OVERWEIGHT AND ARE UNDERGOING A SPAY SURGERY.

SIGNATURE _____ DATE _____

TODAY'S CONTACT PHONE NUMBER _____