



A.P.A.W. Veterinary Hospital and Wellness Center Medical/Surgical Release Form

Date _____ Procedure _____

I hereby consent and authorize you, Dr. _____ and the staff of this hospital, to receive, prescribe for, treat, perform diagnostics, and operate upon (pet's name) _____. I certify that I own the aforementioned pet(s) or am authorized by the owner to give the consent expressed herein.

I have been informed as to the nature of the procedures and/or operations and the risks involved. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of any treatment, procedure, or surgeries. I understand that all reasonable precautions to ensure the well being of my pet will be taken during the care, hospitalization, and treatment at A.P.A.W. Veterinary Hospital and Wellness Center. These include, but are not limited to: a physical examination and pre-anesthetic blood profile prior to anesthesia, and pain management during and following surgery.

I understand that all fees are payable when services are performed. I further understand that written notice will be mailed to me if I fail to retrieve my pet(s). Five (5) days after such notice my pet(s) will be considered abandoned and the hospital will be authorized to place the pet. It is understood that this does not relieve me of financial responsibility for the costs incurred.

By signing below, I acknowledge that I have read and understood this release and I agree with the terms and conditions expressed herein. I understand that if this balance is not paid and requires collection processing, I will be responsible for the balance and any collection and/or attorney fees incurred in collecting this debt.

I would also like the following services at the time of surgery at a reduced cost:

- | | |
|---|--|
| <input type="checkbox"/> Nail trim | <input type="checkbox"/> Home Again Microchip placement |
| <input type="checkbox"/> Clean ears | <input type="checkbox"/> Brush out/clip mats |
| <input type="checkbox"/> Check teeth & clean if necessary | <input type="checkbox"/> Extract retained puppy teeth |
| <input type="checkbox"/> Express anal glands | <input type="checkbox"/> Polish & fluoride teeth for young pets |
| <input type="checkbox"/> Remove warts/skin growth | <input type="checkbox"/> Electrocardiogram (EKG) |
| Location _____ | <input type="checkbox"/> Nutritional Evaluation and Consultation |

Other: _____

Phone Numbers where I can be reached in case of an emergency:

Daytime: _____

Evening: _____

SIGNATURE _____