



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

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

I hereby consent and authorize you, Dr. \_\_\_\_\_ and the staff of this hospital, to receive, prescribe for, treat, perform diagnostics, and operate upon my pet. I certify that I own my pet, 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 a 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. Five (5) days after such notice my pet will be considered abandoned and the hospital will be authorized to place my 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.

For normal, healthy appearing dogs and cats that will be undergoing anesthesia for a routine spay or neuter, pre-anesthetic blood tests are highly required. These tests help us determine if there are any underlying concerns not capable of being detected by physical exam and that may affect your pet's ability to undergo anesthesia safely. **There is an additional cost for this blood work. Please initial one of following:**

\_\_\_\_\_ I accept the required blood work and understand there is an additional fee.

\_\_\_\_\_ The required bloodwork on my pet procedure has already been performed within the last 30 days.

\_\_\_\_\_ I decline the required blood work against medical advice and understand there may be unknown risks involved with my pet's treatment.

**I would also like the following additional services:**

- Nail Trim
- Hygienic Clip
- Home Again Microchip placement
- Nail Dremel
- Brush out/clip mats
- Clean Ears
- Express anal glands
- Other \_\_\_\_\_

I authorize services up to the amount of \$ \_\_\_\_\_

**Contact information where I can be reached today for an update or in case of an emergency:**

Daytime: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like an email/text message update:  Yes |  No

**SIGNATURE** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_