

Anesthesia and Surgical Release



Owner: _____
Address: _____
Phone #: _____

Pet Name: _____

Vaccines: Current or Due

I, _____ request for my pet _____ the following procedure(s) that require anesthesia: _____

I am aware of the risks involved in surgery. I realize that results cannot be guaranteed. I also realize that my pet could die due to anesthetic problems or other complications. I understand that OCVC does recommend pre-anesthetic blood work that may reveal hidden medical problems that might cause some of these problems and complications.

Bloodwork Options (one required if 7yrs or older):

- Please do an *In-house Comprehensive Chemistry Panel & CBC* prior to anesthesia, today (\$75 regularly \$95)
- Please do an *In-house Basic Pre-op Panel & CBC* prior to anesthesia, today (\$45)
- Blood work has already been completed for this anesthetic procedure (date _____)
- I decline blood work

Feline Patients- FeLV/FIV blood test

- YES, I authorize this testing (\$30 regularly \$50)
- NO, I decline this testing

Microchip Options:

Cost for microchip placement is \$30.00.

Additionally, there is a *one-time fee* of \$17.99 (paid to HomeAgain®)

- YES, I authorize placement of a microchip in my pet
- NO, I decline placement of a microchip in my pet

OPTIONS: (Note: If an option is not checked, it will be considered declined)

Please initial that you understand and accept financial responsibility:

_____ If your pet is undergoing a dental cleaning today, and during anesthetic the doctor determines that one or more teeth need to be extracted.

_____ If your pet is undergoing a spay today and is pregnant or in heat, there may be an additional charge.

_____ If your pet is undergoing a neuter and found to be cryptorchid (testicle(s) in abdomen), there will be an additional charge.

_____ If your pet is found to have ticks, ear mites and/or other external parasites, treatment will be provided at owner expense..

_____ My pet has been treated with a monthly flea protection product in the last 30 days:

- YES** (product name _____)
- NO** (Flea & tick product will be provided at owner's expense)

I do hereby authorize the Orange City Vet Clinic (OCVC) to perform the above procedure(s) and/or anesthetize my pet. I understand my pet's vaccinations must be current (or updated) prior to surgery. I further declare that I am the legal owner or agent of this animal. I release OCVC, their doctors and staff of all legal responsibility for this pet.

Signature of owner/agent: _____ **Date:** _____

Emergency and/or pet status report phone number: _____

Email address: _____

Preferred method of contact:

Email

Text

Phone