



Tech _____

**ALSBURY ANIMAL HOSPITAL
Medical Release Form**

Owner: _____
Phone: _____

Animal: _____
Age/DOB: _____

SERVICE (S): _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of, or different procedure(s) or operation(s) than those set forth above. Therefore, I consent and authorize the performance of such procedure(s) or operation(s) as are necessary in the exercise of the veterinarian's professional judgment. I also understand that the animal undergoing the procedure(s) or operation(s) listed above are required to be **CURRENT ON ALL VACCINATIONS**, and if not, the required vaccinations will be given at the owner's expense. These vaccination requirements are in place to help protect your pet while they are here. I also authorize the use of anesthetics and any other medications, and understand that the hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) or operation(s) and the risk involved. I realize that results are not guaranteed.

PRE-ANESTHETIC BLOOD TESTING:

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidneys, and blood, may not be detected unless blood testing is performed. Such tests are especially important before anesthesia. Therefore, in order to maximize patient safety, we strongly recommend that all patients receive a blood screen before such procedures.

Please initial one of the following:

- _____ **PROFILE 1 \$73.00** **Profile 1 – CBC, Chem 10, Electrolytes**
- _____ **PROFILE 2 \$103.00** **Profile 2 – CBC, Chem 15, Electrolytes**
(patients with prior labwork abnormalities, chronic illness, or over 8 years of age)
- _____ **DECLINE LABWORK**

PAIN RELIEF:

While undergoing surgery, your pet will receive anesthetic drugs that prevent pain. However, additional medications have become available that enable us to safely and effectively control the level of your pet's discomfort after surgery and during the recovery at home.

Please initial one of the following:

- _____ **Injection for Pain \$21.60** _____ **RX-take home medication \$19.60**
- _____ **Both-pain injection and take home med. \$32.80** _____ **Decline both pain medications**

SECONDARY PROCEDURES OFFERED AT A DISCOUNT:

Please initial any of the following that you would like your pet to receive:

- _____ **Occult Heartworm Test \$31.80** _____ **Nail Trim \$7.00 (half-price)**
- _____ **Feline Leukemia/Aids Test \$38.60** _____ **Ear Flush \$8.40 (half-price)**
- _____ **Oravet Barrier Sealant In-House Application \$6.50** _____ **Microchip \$58.60**
- _____ **Oravet Kit applications \$33.60**
- _____ **(home kit of 8 applications)**

To the best of your knowledge, is this animal pregnant or in heat? If so, additional charges apply.

Pregnant: Yes or No **In Heat:** Yes or No

I hereby authorize the veterinarians at Alsbury Animal Hospital to perform the procedures described above. I assume responsibility for this animal and understand that payment is due when services are rendered.

SIGNATURE OF RESPONSIBLE PARTY

DATE