



SURGERY AND ANESTHESIA RELEASE FORM

A deposit of the full amount of the estimate is required to drop off your pet for surgery and/or anesthesia. Any remaining balance will be due at the time of pick up.

Pet information

Name _____ Species _____ Breed _____

Age _____ Sex: Female _____ Male _____ Unknown _____

Today's procedure: _____

Owner information

Owner name: _____ Contact number _____

☐ My pet has been fasted for today's procedure (not for exotic pets). **Yes** _____ **No** _____

☐ My pet is current on the required vaccinations (not for exotics pets). **Yes** _____ **No** _____

☐ We STRONGLY recommends pre-anesthetic labwork (Canine & Feline):

*CBC, Chem Profile 10, Electrolytes (\$79): **Yes** _____ **No** _____

☐ Home Again Microchip (includes activation and registration):

*Dog/Cat (\$66): **Yes** _____ **No** _____

*Exotics (\$90): **Yes** _____ **No** _____

☐ I understand that pain medication is NOT optional. **Initials** _____

☐ Does your pet have any history of complications with anesthesia, pre-existing condition or is taking any medications? _____

☐ Lake Howell Animal Clinic will take all possible precautions to deliver the safest anesthesia for my pet. However, I understand that all anesthesia and sedation involves some risk to my pet, including death. **Initials** _____

☐ I received an estimate of _____. I understand that the final invoice may vary 10-15% of the estimate and that Lake Howell Animal Clinic will call me for approval if my invoice will exceed that amount. **Initials** _____

☐ I authorize Lake Howell Animal Clinic to perform the procedures requested above. **Initials** _____

☐ I understand that ALL FEES MUST BE PAID IN FULL AT THE TIME I PICK UP MY PET. **Initials** _____

Signature of pet owner/responsible agent

Date