Canine Surgery and Anesthesia Release Form

| I. Owner Information | <u>t</u> | | | |
|---------------------------|--|------------------------------|-----------------------------|--------------|
| Name: | <u>.</u> | _ Phone #: | | |
| II Dat's Information | | (| where you can be reached on | surgery day) |
| II. Pet's Information | Rreed: | Δ σε· | M? F? | |
| Any allergies to medi | Breed:I | Age Did your net eat this | ^^, morning? | - |
| ranj water gree to anoun | | our per eur mis | gv | - |
| Please inquire to the c | cost of the procedures below b | efore you consent to | them. | |
| | | <u> </u> | | |
| | <u>tion</u> (Please <u>initial</u> which proce | | | |
| Surgery: Spay (fema | le) Neuter (male) | Other | | |
| 0.4 | F 1 | 1 NT 11 | | |
| Other procedures: | Ear cleaning Denta | ıl Nails | _ Anal glands | _ |
| | Other | | | _ |
| IV. Additional Process | lures | | | |
| | hat all pets be physically fit | and healthy to ensu | re the safest possible | surgica |
| | als having no history with E | • | - | _ |
| | physical examination prior t | | | ycai wii |
| be given a complete | physical examination prior t | o surgery at a cost of | 1 \$4 / .20. | |
| A 11 1 2 41 1 24 | 1 11 1 11 1 | 1 | 1 1 /1 / /1 1 | 1.0 |
| <u> </u> | I must be current on rabies. It | U 3 | ided that they be vacci | nated for |
| | require proof if the dog was va | | | |
| | inic will not be held responsi | | racted by unvaccinat | ed |
| | d which vaccinations we are | | . | |
| Rabies(\$30.39) | Distemper/Parvo(\$30.39) | Bordetella(\$30.39)_ | Lymes()\$42.0 | 0 |
| We strongly recomme | nd dogs be current on their hea | ortworm testing and n | reventative Dogs wit | h |
| | re under greater risk of anesthe | | | |
| | ant your dog tested for heart | | <u>5</u> 5.72 | |
| | My dog is current on l | | | |
| 10 | | | - | |
| | | | | |
| We now offer microch | ipping. The cost for the chip, i | implantation and regis | stration is \$ 74.98 | |
| | ould like your pet microchip | | | |
| | | · | | |
| PAYMENT WILL BE | MADE IN FULL BY CASH, | CHECK OR CREDI | T CARD. | |
| | | | | |
| Owner Release (You n | nust sign below in order for th | e procedures to be per | formed.) | |
| Blackman Animal Cl | inic is to use all reasonable p | recautions to safegu | ard my pet against in | ıjury, |
| escape or death. I un | derstand that anesthesia inv | olves some minimal | risk to my pet and th | at |
| Blackman Animal Cl | inic will not be held responsi | ble for adverse react | ions to anesthesia. I | assume |
| all responsibility. | | | | |
| O | | D 4 | | |