PORTLAND VETERINARY HOSPITAL SURGERY AND ANESTHESIA RELEASE FORM

Owner:	Patient:	
Procedure:	Is your pet on any medications?	
Date Checked In:Pick-u	p Date:	
Phone where you can be reached	today:	
well as any other treatments that they deem understand that I will be informed of any ch the procedure has been explained to me and there are always risks involved with any sur risks as much as possible. I understand the PAYMENT IS REQUIRED UPON RELE	anges in the estimated fees due to unforce if NO guarantee has been made as to the gery or anesthetic protocol, but that preca- tat my pet will be released during off ASE OF MY PET. Jure itself in an attempt to escape, refuse for ers (hurricanes, lightening, tornadoes), I described	of my pet while under their care. seen circumstances. The nature of results or cure. I understand that autions will be taken to minimize fice hours only, and that FULI Good, suddenly become ill and die
Canina C	astration 51-65lbs	
*		\$7.20
All pets will receive Capstar if not already or	i an oral flea control.	\$7.20
Surgery, Pain injection with Laser Therapy, Fluids and Pre-Anesthetic Bloodwork Includes <u>CBC</u> – (complete blood count), <u>Chemistries</u> – (to tell us about liver, kidneg function and electrolytes)		
PT/PTT – (to check clotting facto	rs)	\$468.26
Surgery and Pain injection with L	aser Therapy and Fluids	\$323.01
Nail Trim Therapeutic		\$8.25
Clean Ears Therapeutic		\$16.25
Pain medication to take home. (6	Optional)	\$30.00
Prices noted are estimated costs subject to ch	nange	Total:
SIGNATURE	DATE	