PORTLAND VETERINARY HOSPITAL SURGERY AND ANESTHESIA RELEASE FORM

Owner:	Patient:	
Procedure:	Is your pet on any medications?	
Date Checked In:P	ick-up Date:	
Phone where you can be rea-	ched today:	
well as any other treatments that they understand that I will be informed of the procedure has been explained to there are always risks involved with risks as much as possible. I unders PAYMENT IS REQUIRED UPON I understand that should my	pet injure itself in an attempt to escape, refuse for disasters (hurricanes, lightening, tornadoes), I c	f my pet while under their care. een circumstances. The nature of results or cure. I understand that utions will be taken to minimize hours only, and that FULL good, suddenly become ill and die
	Canine Castration 76 - 100	
All pets will receive Capstar	if not on oral flea control.	\$7.20
• • • • • • • • • • • • • • • • • • • •	Laser Therapy, Fluids and Pre-Anes blood count), <u>Chemistries</u> – (to tel	
PT/PTT – (to check clotting	factor)	\$523.60
Surgery and Pain injection v	vith Laser Therapy with Fluids	\$378.35
Nail trim Therapeutic		\$8.25
Clean Ears Therapeutic		\$16.25
Pain medication to take home.	(Optional) Approximately	\$30.00
Prices noted are estimated costs subje	ct to change	Total:
SIGNATURE	DATE :	