PORTLAND VETERINARY HOSPITAL SURGERY AND ANESTHESIA RELEASE FORM

Owner:	Patient:	
Procedure:	Is your pet on any medications?	
Date Checked In:	Pick-up Date:	
Phone where you can be re	ached today:	
well as any other treatments that the 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 unde PAYMENT IS REQUIRED UPOL I understand that should mor succumb to the effects of natura	ontánez of Portland Veterinary Hospital to perform the abey deem necessary for the health and well-being of my per of any changes in the estimated fees due to unforeseen circo me and NO guarantee has been made as to the results of any surgery or anesthetic protocol, but that precautions werstand that my pet will be released during office hour NRELEASE OF MY PET. They pet injure itself in an attempt to escape, refuse food, sudal disasters (hurricanes, lightening, tornadoes), I can not as negligence as provided by state law.	t while under their care, umstances. The nature of or cure. I understand the will be taken to minimize rs only, and that FULI denly become ill and die
g.	Canine Spay 0-25lbs	
All pets will be given Caps	tar if not already on oral flea control.	\$7.73
Includes <u>CBC</u> – (complete	h Laser Therapy, Fluids and Pre-Anesthetic blood count), <u>Chemistries</u> - (to tell us abou	
function and electrolytes) <u>PT/PTT</u> – (to check clotting	g factors)	\$492.30
Surgery ,Pain injection, La	ser Therapy, Fluids (IV catheter required)	\$347.05
Nail Trim Therapeutic		\$8.25
Clean Ears Therapeutic		\$16.25
Pain medication to take hor	me. Approximately	\$30.00
Prices noted are estimated costs sub	ject to change	Total:
SIGNATURE	DATE :	