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	reached today:	
other treatments that they deem n be informed of any changes in explained to me and NO guarante any surgery or anesthetic protoco pet will be released during office I understand that should	Fontánez of Portland Veterinary Hospital to perform the ecessary for the health and well-being of my pet while the estimated fees due to unforeseen circumstances, he has been made as to the results or cure. I understand l, but that precautions will be taken to minimize risks a hours only, and that FULL PAYMENT IS REQUIRED d my pet injure itself in an attempt to escape, refus disasters (hurricanes, lightening, tornadoes), I can't he s provided by state law.	e under their care. I understand that I will The nature of the procedure has been that there are always risks involved with as much as possible. I understand that my ED UPON RELEASE OF MY PET. e food, suddenly become ill and die, or
	Feline Spay	
Capstar will be given to	all patients if not on oral flea control.	\$7.73
Select a package below:		
	ith Laser Therapy, Fluids and Pre-Anestholete blood count), <u>Chemistries</u> – (to	
PT/PTT – (to check clotti		\$410.74
Surgery ,Pain Injection ,L	aser Therapy, Fluids (Required)	\$265.49
Ear Clean Therapeutic		\$16.25
Nail Trim Therapeutic		\$8.25
Pain medication to take home. (Optional) Approximately		\$30.00
Prices noted are estimated	l costs subject to change.	Total
SIGNATUDE	DATE	