

**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: _____

I hereby authorize Drs. Fontánez of Portland Veterinary Hospital to perform the above stated procedures, as well as any other treatments that they deem necessary for the health and well-being of my pet while under their care. I understand that I will be informed of any changes in the estimated fees due to unforeseen circumstances. The nature of the procedure has been explained to me and NO guarantee has been made as to the results or cure. I understand that there are always risks involved with any surgery or anesthetic protocol, but that precautions will be taken to minimize risks as much as possible. I understand that my pet will be released during office hours only, and that **FULL PAYMENT IS REQUIRED UPON RELEASE OF MY PET.**

I understand that should my pet injure itself in an attempt to escape, refuse food, suddenly become ill and die, or succumb to the effects of natural disasters (hurricanes, lightning, tornadoes), I can not hold Portland Veterinary Hospital liable in the absence of gross negligence as provided by state law.

Rabbit Neuter

Surgery ,Pain injection with Laser Therapy and Fluids **\$234.07**__

Nail Trim Therapeutic **\$8.25** ____

Clean Ears Therapeutic **\$16.25** ____

Pain medication to take home. Approximately **\$30.00** ____

Prices noted are estimated costs subject to change

Total: _____

SIGNATURE _____

DATE