Stafford Oaks Veterinary Hospital
TREATMENT/SURGERY RELEASE

Patient:
Owner:
Phone#:

Date: _____ **Doctor:** _____

Treatment/Surgical Procedure: _____

Any additional services today? _____

Current on all vaccines?	**Y**	**or**	**N**
Any current medications?	**Y**	**or**	**N**
Any illness in last 30 days?	**Y**	**or**	**N**
Any known allergies to medications?	**Y**	**or**	**N**
Did your pet eat this AM?	**Y**	**or**	**N**
Any retained deciduous teeth?	**Y**	**or**	**N**
Currently in heat/pregnant/abnormal testicles?	**Y**	**or**	**N**

Vaccines due:

Canine	Feline
DHLPPC	FVRCP
Rabies Booster	Feline-Leukemia
Bordetella	Rabies Booster
Fecal	
Heartworm Test	
Heartworm Prevention	

Please read carefully and sign:

Like you, our greatest concern is the well being of your pet. Because of this, we require a Pre-Anesthetic Blood profile be performed on your pet. This will help to identify pre-existing problems, which may not be evident during physical exam. Our blood work profile includes**:**

•BUN (Kidney) •Creatinine (Kidney) •ALKP (Liver) •ALT (Liver)
•Total Protein (Hydration) •Glucose (sugar)

LASER SURGERY: **YES** **NO, I decline** **FEE: $40-60**

Laser surgery results in less bleeding, less tissue swelling, and less pain following surgery. We strongly recommend this option as being the best for your pet.

MICROCHIP: **YES** **NO, I decline** **FEE: $47.50 + tax**

This is a way to permanently identify your pet in case of loss. The microchip is detected by a scanner that identifies a unique personal number that can be traced back to you.

I am the owner of the animal identified above, and I have the authority to give this authorization and do so voluntarily, having been advised of all of the probable and material risks associated with this treatment.

I understand that unforeseen conditions may be revealed during the identified procedures, which, in the opinion of the attending veterinarian, require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian.

The veterinarian has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures. In particular, I have been advised that, in the event that the treatment requires the use of anesthesia, that there is a risk of death every time an anesthetic is used and that I have been advised of the possibility, small as it may be, of such occurrence.

Payment is due at the time services are rendered.

We accept Cash, Check, Visa, Mastercard, American Express and Discover.

Signature of Owner _____

Phone number where you can be reached today: _____ Checked in by: _____