

**Tender Paws Animal Hospital
4235 N Frazier
Conroe, TX 77303**

Feline Anesthesia Release Form

Client's Name: _____ **Pet's Name:** _____
Age: _____ **Breed:** _____ **Color:** _____ **Sex:** _____
Anesthetic and medical or surgical procedure(s) to be performed: _____
Any pre-existing conditions or drug reactions known? _____

OPTIONS FOR PRE-SURGICAL PATIENTS

- ____ **A.** PCV & 10 chemistry profile to detect blood disorders such as anemia, kidney and liver function, CBC to detect immune suppression and infection. **\$95**
____ **B.** Feline Leukemia/ Feline Immunodeficiency Viruses (Feline Aids) **\$49**
____ **C.** Pre-surgical pain medication (12 hour efficacy- post surgical procedure) **\$25-\$40 lb based**
____ **D.** Post-surgical pain medication to be administered at home. **\$15-\$35lb based. REQUIRED ON ALL DECLAW**

PROCEDURES

- ____ **E.** Vaccines: Rabies **\$23** _____ FVRCP **\$21** _____ Felv **\$28** _____
____ **F. HomeAgain Microchip \$54.99**
____ **G.** Laser Therapy to promote healing of surgical site. (healing time 3-5 days vs 10-14 days) **\$30**
____ **I, the owner decline all of the above options.**

Flea treatment: If fleas are present on your pet when admitted, we will treat your pet at your expense.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am _____ eighteen years of age or over and authorize the veterinarians at this veterinary practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending doctor before the procedure(s) is/are initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I understand that veterinary medicine is not an exact science and that no guarantees have been made regarding the outcome of this/these procedures.

I agree to pay a deposit of _____% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has permission and I agree _____ (initial) to provide such treatment and to pay for such service.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, I elect to a) _____ pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects or b) _____ have him/her transferred to a local emergency clinic where overnight veterinary supervision is available at my expense (initial one).

I have read and understand the nature of the above procedures and accept the specific terms and conditions set forth herein.

(_____) _____ - _____ (_____) _____ - _____
Phone number(s) for today

Signature of Owner or Authorized Agent

Date