

Surgery Release Form

Humane Society

Prospect Veterinary Clinic
411 S Jefferson Street
Frederick, MD 21701
301-695-1050

PATIENT STICKER

is here for: **(Please initial all that apply)**

Neuter Spay Hernia Repair Cryptorchid (undescended testicle)

I accept pre-anesthetic bloodwork (highly recommended) Additional \$70

I decline pre-anesthetic bloodwork

Please initial the following:

I understand that IV catheters are required for all procedures.

I understand that **pre-anesthetic bloodwork is required for pets over 7 years of age.** There is an additional charge for this.

If evidence of fleas is found on my pet. I will be charged for flea treatment.

I do hereby give my consent for Prospect Veterinary Clinic to perform the following in addition to the services above:

(Please initial all services requested) Please note each procedure will incur additional charges.

Post-Op Medications (Antibiotics, Pain, etc.) as needed (This is highly recommended for all procedures) **\$55-75**

Rabies Distemper **\$29** Bordetella **\$30** Lyme **\$41** Canine Influenza **\$40**

Heartworm/Lyme Test **\$57** FeLV/FIV Test **\$55** Fecal Test **\$47.56** Microchip **\$50**

E-Collar (This is highly recommended for all procedures) **\$12-18**

PROSPECT VETERINARY CLINIC HIGHLY RECOMMENDS THAT ALL SURGERIES GO HOME WITH POST OP PAIN MEDICATION AND AN E-COLLAR, BY INITIALING BELOW I AM DECLINING THESE SERVICES FOR MY PET AND UNDERSTAND THE RISKS.

In the event that the need for additional procedures or tests arises: (Please initial one)

If I am unable to be reached, please wake up my pet from anesthesia. I understand that I will need to reschedule an additional procedure (at additional cost) to treat any disease/problem present.

If I am unable to be reached, please proceed with all necessary treatments for as determined by the doctor.

I understand that during the performance of these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedures set forth. I expect Prospect Veterinary Clinic doctors to use reasonable care and judgment in performing these procedures. The risk associated with surgery has been explained to me. I am also aware that unforeseen events resulting from the procedure will not relieve me from any obligation to pay all reasonable costs incurred regarding. I understand that payment in full is required at the time services are rendered.

By signing this form, I acknowledge that I am the owner or authorized representative that can make medical decision for the above said pet.

Owner or Agent Signature: _____ **Date** _____

Print Name: _____

Telephone number(s) where we can reach you: _____