

## Englewood Animal Health Center 1830 Placida Road Englewood, Florida 34223 (941) 474-8881

## ANESTHETIC/SURGERY RELEASE FORM

Owner	Pet's Name		
Breed	Sex	Spayed/Neutered	Age/DOB
Primary Telephone Number		Secondary Number	er
I hereby authorize Englewood	Animal Health	Center to perform the follow	ving procedure(s):
understand that I assume finance on the day my pet is discharged amount of risk to my pet. I fur Englewood Animal Health Cer	cial responsibile. I understand ther understand ter liable. If a applies purcha	d in the exercise of the veteri- lity for all services rendered, d and agree that all anesthesia d that results cannot be guara any unforeseen medical or su- sed or prescribed will be an a	a and surgery involves a certain unteed and I will not hold rgical needs arise, I hereby additional charge. I claim my pet
	V catheterizatio	on, 4) heart (ECG), pulse and o.	cal physical exam, 2) an ultra-safe xygen monitoring, 5)nail trim, 6)ear
Postoperative Pain Medicany postoperative discomfort from 1-20 lbs \$41.50 91-100 lbs \$65.00 Idecline Pain Medication	om pain and/o 21-40 lbs <b>\$43.</b> 0	r inflammation. 0041-60 lbs. \$51.00	
	-	ding on the doctor's choice of n	ible bacterial infections that could nedication and amount to send home
pet going under anesthesia to rule to use or to post-pone surgery untI authorize the <b>Basic Blood</b> II authorize the <b>Comprehens</b> Count with Electrolytes: SodI decline all recommended processes and the comprehens of	out obvious int il treatment or s Profile (include ive Blood Profi ium, Potassium re-operative blo	ernal organ deficiencies, which tabilization of any insufficiency s Kidney, Liver, and Glucose v ile (includes a full chemistry 12	alues) - <b>\$64.00</b> slide and Complete Blood
Optional Additional Services		sertion and Registration \$55.00	
Authorizing Owner or Agent	Signature		Date