

ANESTHETIC/SURGERY RELEASE FORM

Owner		Pet's Name		
Species	Breed	Sex	Altered Y/N Age	;
Phone Number for Today Alternative Number				
I hereby author	orize the Prima Vista Anima	al Hospital to perform the fo	ollowing procedure(s):	
veterinarian's that payment a certain amou Prima Vista A	performance of other proced professional judgment. I un in full is due when my pet is ant of risk to my pet. I furth nimal Hospital liable. If an and supplies purchased or pr	nderstand that I assume fina is discharged. I understand a ter understand that results ca y unforeseen medical or su	ancial responsibility for all and agree that all anesthes annot be guaranteed and I rgical needs arise, I hereb	I services rendered, and sia and surgery involves will not hold the y consent to any
	standard of veterinary care tion 4) monitoring of the he		•	human anesthesia 3)
veterinarian w	tive Pain Medication will prescribe medication for any and all costs of post-	extended relief of post-op	erative discomfort. I unde	
Optin (CBC, Protein	nesic Lab work nal Blood Profile – recomm Albumin, Alkaline Phosph n, Total Bilirubin, Cholester es continuous electronic mo	natase, Alanine Aminotrans rol, Calcium, Inorganic Pho	ferase, Blood urea nitroge osphate, Amylase, Glucose	en, Creatinine, Total
(CBC	Blood Profile – recommen /Alkaline Phosphatase / Ala in/Glucose/Electrolytes) Inc	anine/Aminotransferase/Blo	ood Urea Nitrogen/Creatin	
		Owner Sign	ature	Date
	Services Available ible unforeseen problems. P		_	further safeguard your
Microc \$49.99	chip Insertion & Registrat	tion – recommended to iden	tify your pet should they	be lost.
		WAIVER of	Optional Servi	ices Available
		Owner Signature		Date

December 28, 2011