

**Hunter Animal Hospital
SURGERY RELEASE FORM**

Client Name: _____

Patient: _____

Date of Birth: _____

Procedure (s) to be performed: _____

Vaccination Request: DHLPPB RABIES FVRCP FIP FELV
 DHLPPC BORD LYME

Pet History:

Yes No

- Are vaccinations current on your pet?
- Could your pet be in heat or pregnant?
- Has your pet had any vomiting, coughing or diarrhea?
- Did your pet eat or drink this morning?
- Has your pet had any illness or injury in the last 30 days?
- Is your pet on any medication? If so, has it received a dose this morning?
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- Is your pet allergic to any drugs?
- Would you like your pet to receive an Avid Chip?
Regular price \$ 46.44, Your price \$41.44 You save \$5.00
- IS THIS A SURGICAL SPECIALIST PROCEDURE?**

Authorization for Medical and/or Surgical Treatment

I hereby authorize and direct the veterinarians of Hunter Animal Hospital to perform such diagnostic, medical and surgical procedures as deemed advisable and necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to results or cure. I further understand that there may be risk involved in these procedures; I agree to pay in full for all services rendered, including those of unforeseen medical or surgical complications. The estimate of charges for presently planned procedures is only an approximation and the final bill may be greater or less than this amount. If I neglect to retrieve my pet within 5 days of agreed discharge date, you may consider my pet abandoned and are hereby authorized to immediately dispose of my pet as deemed best and necessary.

Owner Signature _____ Date _____

Phone number where you can be reached today _____