

PROCEDURE RELEASE



ANIMAL MEDICAL CENTER

5204 80th St. • Lubbock, Texas 79424
(806) 794-4118

Date _____ Owner's Name _____ Pet's Name _____

Species: [] Feline [] Canine [] Other Breed _____ Sex _____

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY (_____) _____

Home Phone Number _____

PET HISTORY

DOG:

	<u>YES</u>	<u>NO</u>
Vaccinated in the past 3 years for: Rabies _____	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinated in the past 12 months for: _____ Distemper and Parvo _____	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinated in the past 6 months for Bordetella	<input type="checkbox"/>	<input type="checkbox"/>
Heartworm test in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
On heartworm preventive?	<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge does your pet have or has it ever had a tick?	<input type="checkbox"/>	<input type="checkbox"/>

[We require all dogs to be current on their distemper, parvo Bordetella and rabies vaccines.
If they are not current, the vaccines will be administered while the dog is here.]

CAT:

	<u>YES</u>	<u>NO</u>
Vaccinated in the past 12 months for: Rabies _____ FVRCP _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your cat been tested for Feline leukemia & Feline AIDS?	<input type="checkbox"/>	<input type="checkbox"/>

We require all cats to be current on their FVRCP, leukemia, and rabies vaccines.
[If they are not current, the vaccines will be administered while the cat is here.]

ALL PETS:

	<u>YES</u>	<u>NO</u>
Did your pet eat this morning?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have any history of seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have any drug allergies you are aware of? List: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your pet had vomiting, diarrhea, or coughing in the past 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Has your pet had any illness or injury we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet currently taking any medication? Please List: _____	<input type="checkbox"/>	<input type="checkbox"/>

TO BE PERFORMED

Mark the procedures you wish to have done while your pet is under anesthesia:

[] Spay (female)	[] Dew Claw Remove dew claws only front _____ back _____
[] Neuter (male)	[] Declaw (front) Remove all front claws
[] Other _____	[] Declaw (rear) Remove all rear claws
[] Express anal glands	[] Tumor Removal (mark on reverse side) [] Dental Cleaning
[] Clean ears	[] Identification microchip [] Dental Extractions
[] Nail trim	[] Extract retained puppy teeth as needed
	[] Remove warts or growths (mark on reverse side)

*Pain medication. The anesthesia provides analgesia during procedures. However, post operative pain medication may be prescribed to reduce pain and speed healing.

RELEASE

I understand that during the procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s). I expect **Animal Medical Center** to use reasonable care and judgement in performing the procedure(s). I understand the nature of the procedure and risk involved (including death) and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable cost incurred regarding this animal.

Signature _____

Date _____

Please continue on back

LABORATORY TEST AND TREATMENT CONSENT / WAIVER

Laboratory testing prior to anesthesia and surgery will allow the doctors to detect unseen problems that may cause a serious complication. Some are not required but are highly recommended.

Additional to surgery and/or procedure(s) performed today, you will be charged for the test you request:

- 1. CBC to detect anemia, infection, and clotting problems. Because of the high incidence of ehrlichiosis in this area, we recommend a CBC for all dogs having surgery. **\$34.00**
- 2. Limited Serum Profile (Organ Screen). For healthy animals or animals less than five years old, we recommend a limited serum profile. **\$46.00**
- 3. Complete Serum Profile (Organ Screen). For animals with preexisting health problems or animals older than five years old, we recommend a complete serum profile. **\$66.00**
- 4. CBC / Limited Serum Profile (Combination 1&2). **\$73.00**
- 5. CBC / Complete Serum Profile (Combination 1&3). **\$83.00**
- 6. Heartworm Test. If your dog is not currently on preventive or has not been tested in the past 12 months, we recommend a heartworm test. **\$27.00**
- 7. Feline Leukemia / FIV Test. If your cat has never been tested for leukemia or Feline AIDS virus, we recommend this test. **\$43.00**
- 8. Electrocardiogram (ECG). If your pet is older than five years old or has a preexisting heart problem, we recommend an ECG. **\$45.00**
- 9. Intravenous fluids. Older pets, pets with preexisting kidney or liver disease or pets under going extensive procedures will benefit from intravenous fluids during surgery. **\$54.00**

ACCEPT

I have read the above and agree to have the marked test(s) performed.

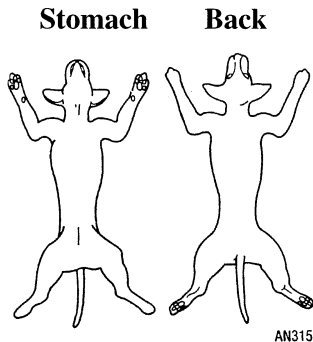
DECLINE

I have read the above and decline all test(s).

Signature to agree

Signature to decline

Mark tumor location



Histopathology -

APPROVE _____

DECLINE _____
