



PROCEDURE RELEASE

ANIMAL MEDICAL CENTER

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

FOR: _____

DATE: _____

Please take up your pet's food by 10 pm the evening prior to surgery, but leave water available. Have your pet at the clinic between 7:30 and 8:15 am the day of the procedure. You will need to give yourself time to speak with a technician before leaving your pet.

Date _____ Owner's Name _____

Pet's Name _____

Species: Feline Canine Other Sex: M F

Breed _____

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY:

(_____) _____

2ND NUMBER: (_____) _____

PATIENT HISTORY

DOG:

	YES	NO
Is your dog current on its Rabies vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog current on its distemper and parvo vaccine?.	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog been vaccinated in the last 6 months for Bordetella?	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog had a heartworm test in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog currently on heartworm preventive?.	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog ever had a tick?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Please update any vaccinations that are necessary.		

CAT:

	YES	NO
Is your cat current on its Rabies vaccine?.	<input type="checkbox"/>	<input type="checkbox"/>
Is your cat current on its FVRCP vaccine?.	<input type="checkbox"/>	<input type="checkbox"/>
Has your cat been tested for feline leukemia and feline AIDS? (recommended).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Please update any vaccinations that are necessary.		

ALL PETS:

	YES	NO
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? List: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your pet had: <input type="checkbox"/> vomiting, <input type="checkbox"/> diarrhea, or <input type="checkbox"/> coughing in the past 2 weeks? (check which one)	<input type="checkbox"/>	<input type="checkbox"/>
Has your pet had any illness or injury we should be aware of? List: _____		
Has your pet had any problems with previous anesthetic procedures? List: _____		
Is your pet currently taking any medications, including over-the-counter and herbal remedies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list medication and the time it was last given. _____		

TO BE PERFORMED

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Spay (female) | <input type="checkbox"/> Clean ears | <input type="checkbox"/> Dew claw removal (dogs only) |
| <input type="checkbox"/> Neuter (male) | <input type="checkbox"/> Nail Trim, \$8 (discounted) | <input type="checkbox"/> De-claw (front) remove all front claws (cats only) |
| <input type="checkbox"/> Extract retained puppy teeth, \$17 per tooth | <input type="checkbox"/> Express anal glands, \$12 (discounted) | <input type="checkbox"/> De-claw (rear) remove all rear claws (cats only) |
| <input type="checkbox"/> Identification chip, \$46 | <input type="checkbox"/> Dental Cleaning | <input type="checkbox"/> Mass removal (mark on reverse side) |
| <input type="checkbox"/> Ear hair removal, \$16 | <input type="checkbox"/> Dental Extractions (as needed) | <input type="checkbox"/> Other: _____ |

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 _____

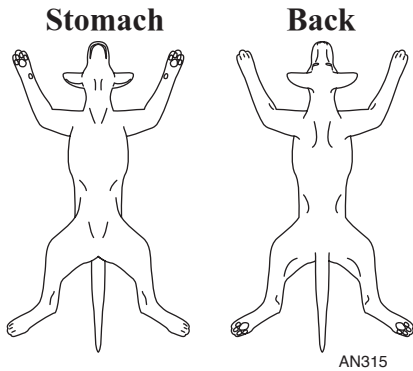
Please continue on back

LAB TEST AND TREATMENT CONSENT / WAIVER

Laboratory testing prior to anesthesia and surgery will allow the doctors to detect unseen problems that may cause serious complications. **Please note that certain procedures and/or certain patients will be required to have blood work and/or IV fluids.**

Please INITIAL "Accept" or "Decline" for the following:		Accept	Decline
IV Fluids	\$63		
CBC (complete blood count)	\$48		
Limited Serum Profile (limited organ screen)	\$68		
Limited Serum Profile + CBC	\$92		
Complete Serum Profile (more detailed organ screen)	\$91		
Complete Serum Profile + CBC	\$105		
Heartworm Test with Tick Disease Screening (dogs only)	\$48		
Heartworm Test Only (dogs only)	\$36		
Feline Leukemia and Feline AIDS Test (cats only)	\$51		
Electrocardiogram (ECG)	\$55		

Mark tumor location:



Histopathology (please initial)

\$112 • \$38 additional sample

APPROVE _____

DECLINE _____

Please initial ONE of the following:

Should any unforeseen medical/dental procedures be necessary and desirable in the veterinarian's professional judgement, I prefer that you proceed with all necessary medical/dental procedures.

I prefer to be called before any additional procedures, other than emergencies. If I cannot be reached, I authorize you to proceed with all necessary medical/dental procedures.

If I cannot be reached by phone I do not authorize any unforeseen medical/dental procedures.

I would like to be contacted after the medical/dental procedures.

phone text number: _____