

PROCEDURE RELEASE

ANIMAL MEDICAL CENTER 10209 Quaker Avenue
Lubbock, Texas 79424
806-794-4118

For: _____

Procedure Date: _____

IMPORTANT: Please do not feed your pet after 10 pm the evening prior to their procedure, but leave water available to them. Arrive with your pet between 7:30 am and 8:15 am the day of the procedure. You will need to allow time to speak with a technician before leaving your pet.

Today's Date: _____ Owner's Name: _____

Pet's Name: _____

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

Species: Feline Canine Other Sex: Male Female

2nd number: (_____) _____

Breed: _____

PATIENT HISTORY

DOG:	YES	NO
Is your dog current on its Rabies vaccine?		
Is your dog current on its Distemper and Parvo vaccine?		
Has your dog been vaccinated in the last 6 months for Bordetella?		
Has your dog had a heartworm test in the past 12 months?		
Is your dog currently on heartworm preventative?		
Has your dog ever had a tick?		
Please update any vaccinations that are necessary for my dog.		

CAT:	YES	NO
Is your cat current on its Rabies vaccine?		
Is your cat current on its FVRCP vaccine?		
Has your cat been tested for Feline Leukemia and Feline AIDS? (recommended)		
Please update any vaccinations that are necessary for my cat.		

ALL PETS:	YES	NO
Did your pet eat this morning?		
Does your pet have any history of seizures?		
Does your pet have any drug allergies?		
If yes above, please list:		
Has your pet had any vomiting in the past 2 weeks?		
Has your pet had any diarrhea in the past 2 weeks?		
Has your pet had any coughing in the past 2 weeks?		
Has your pet had any illness or injury we should be aware of?		
If yes above, please list:		
Is your pet currently taking any medications, including over-the-counter and herbal remedies?		
If yes above, 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. Prices vary if not indicated.

<input type="radio"/> Spay (female)	<input type="radio"/> Clean ears, \$33	<input type="radio"/> Dew claw removal (dogs only)
<input type="radio"/> Neuter (male)	<input type="radio"/> Nail trim (discounted), \$18	<input type="radio"/> De-claw, removal all FRONT claws (cats only)
<input type="radio"/> Extract retained puppy teeth, \$22/tooth	<input type="radio"/> Express anal glands (discounted), \$20	<input type="radio"/> De-claw, removal all REAR claws (cats only)
<input type="radio"/> Identification chip implant, \$50	<input type="radio"/> Dental Cleaning	<input type="radio"/> Mass removal (mark on reverse side)
<input type="radio"/> Ear hair removal, \$21	<input type="radio"/> Dental Extractions (as needed)	<input type="radio"/> 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(s) and risk involved (including death) and I realize results cannot be guaranteed. I am also aware of unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

Signature _____

Date _____

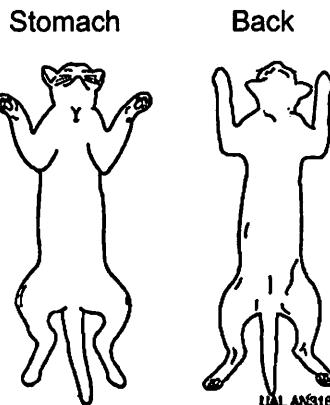
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LAB TEST AND TREATMENT CONSENT / WAIVER

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 each of the following:	ACCEPT	DECLINE
Postoperative Laser Therapy Pain Management	\$24	
IV Fluids	\$74	
IV Surgical Catheter (required for Brachycephalic Breeds)	\$46	
CBC (Complete Blood Count) Bloodwork	\$60	
Limited Serum Profile (limited organ screen)	\$83	
Limited Serum Profile + CBC	\$120	
Complete Serum Profile (more detailed organ screen)	\$113	
Complete Serum Profile + CBC	\$142	
Heartworm Test with Tick Disease Screening (dogs only)	\$54	
Heartworm Test (dogs only)	\$26	
Feline Leukemia and Feline AIDS Test (cats only)	\$60	
Electrocardiogram (ECG)	\$65	
Dental Radiographs-Full Mouth	\$129	

MARK TUMOR LOCATION:



Histopathology:
\$179 first sample
\$125 each additional sample

Please initial:

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: _____