



# FELINE SPAY RELEASE FORM

Pet's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Time of last meal \_\_\_\_\_

Current Medications \_\_\_\_\_

AGVC Clinic Use Only

Please circle to either accept or decline the following:

Sterilization Surgery Accept / Decline

\*\*A small green tattoo will be applied on the belly as a permanent indication that your pet has been sterilized.

Pre-Anesthetic Blood Testing (\$75) Accept / Decline

Pre-Anesthetic Blood Testing **over 7 years old** (\$108) Accept / Decline / NA

Microchip Identification Implantation & Enrollment (\$63) Accept / Decline / Already Done

IV Fluid Therapy (\$70) Accept / Decline

FelV/FIV testing (\$53) Accept / Decline

**Please list any additional treatments you would like done (additional cost may apply)** Complimentary Nail trimming and Ear cleaning will be performed \_\_\_\_\_

The Apple Grove Veterinary Care team strives to provide the highest quality care and perform the authorized precautions to avoid potential risks or problems. **I understand there may be risks involved in anesthetic and surgical procedures (including death) and may require additional treatment.** We provide compassionate care by administering pain management before, during and after surgery to all patients. In addition, patients are monitored continuously from the beginning of anesthesia through recovery by a licensed veterinary technician.

**In the event of an emergency (Please check one)**

- Perform CPR (Cardiopulmonary Resuscitation) an IV catheter will be placed if needed
- DNR (Do Not Resuscitate)

I hereby authorize the veterinary care team to perform procedures listed above. The procedure(s) has been explained and no guarantee has been made as to the results. I understand that if my pet has fleas, he/she will be treated prior to surgery with a Capstar Pill (\$9-\$11). **I will pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances when my pet is released.** Any estimates or changes for the planned procedures are only approximations, and the final bill may be greater or less than these amounts.

**Client Signature:**

**Date:**