



# FELINE NEUTER RELEASE FORM

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

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

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

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

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

AGVC Clinic Use Only

Please check to either accept or decline the following:

- |  |                       |
|--|-----------------------|
| Sterilization Surgery  | Accept / Decline      |
| Pre-Anesthetic Blood Testing (\$70.50)                       | Accept / Decline      |
| Pre-Anesthetic Blood Testing <b>over 7 years old</b> (\$102) | Accept / Decline / NA |
| Microchip Identification Implantation & Enrollment (\$59.50) | Accept / Decline      |
| FeLV/FIV testing (\$50 send out/\$73 same day)               | 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-\$10). **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:**