



# SURGERY 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	Spay	Neuter	
Pre-Anesthetic Blood Testing (\$59)	Accept	Decline	
Pre-Anesthetic Blood Testing <b>over 7 years old</b> (\$85)	Accept	Decline	NA
IV Fluid Therapy (\$54)	Accept	Decline	
Microchip Identification Implantation & Enrollment (\$50)	Accept	Decline	
FelV/FIV testing for Feline patients (\$42)	Accept	Decline	

**Complimentary Nail trimming and Ear cleaning will be performed**

**Please list any additional treatments you would like done** (additional cost may apply)

\_\_\_\_\_

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.

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 (\$6-\$9).

**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:**