

Cage Location:

Well Pet Vet Clinic
ANESTHETIC RELEASE

Please Read and Print Legibly

Owner's Name: Patient's Name:

Primary phone: Alternative Phone:

Email: Owner's Date of Birth:

Species: Dog Cat Age: months / years Gender: Male Female

Breed: Color:

How long have you had your pet: Proof of Rabies (16 weeks or older): Yes No

Where did you get your pet from: Friend Breeder Pet Store Found Other:

PLEASE READ and INITIAL the following:

- My pet has NOT had diarrhea or vomiting in the past 3 days and has a normal appetite.
I will keep the E-collar (cone) on my DOG at all times for 14 days.
If my pet has staples. I will return for free staple removal in 14 days or a free post-op follow-up anytime.
I understand my female pet may have surgical steel sutures under the skin permanently.
I will bring my pet to Well Pet if I notice any post-op complications or have concerns about my pet's incision for 14 days post-op.
I understand that Well Pet is not liable for any complications that may arise.
I understand that I am responsible for any bill I incur at another vet, and I will never ask Well Pet to pay a bill from another vet for any reason.
I understand that if my female pet is in heat or pregnant, an additional fee may apply and will be due at pick up.
I will return by 6pm to pick up my pet (unless other arrangements are made).

We don't include e-collars for CATS in our surgery price. I would like to purchase one at this time.

I understand that Well Pet will use all reasonable precaution against injury, escape, or death, and that all anesthesia involves some risk. I assume all risk of complication or infection, and will follow up with Well Pet with any concerns so they can ensure the health of my pet.

I am 18years of age or older, and am fully authorized to give consent, also I have read, understand, and agree to all the foregoing:

Signature: Date:

Agent*: Agent Signature*:

*: Agent is an individual who is acting on behalf of the client/patient here for the procedure.

staff use only below this line

Weight: Age: Temp: Account#: Patient's #

- Rabies [] DHLPP [] Bordetella [] FVRCP [] FelV Vax []
CBC [] Mini-Chem [] Health Check []
HWT [] FeLV/FIV Test [] Senior OVER 5 [] Geriatric OVER 10 []
Spay [] Heat/preg [] Castration [] Crypt [] Palpable/Groin []
Dental []

Sub Q fluids [] IV catheter [] Microchip [] or scan

Mass removal [] Shaved & circled w/ Sharpie [] Describe location:

Other Procedure(s):

Employee Initials