

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 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).
YES /NO I want pain meds sent home for my pet, for an additional cost of \$15-\$55
YES /NO 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. Well Pet is not responsible for any lost, dirtied, or damaged items left here, this includes but is not limited to leashes, harnesses, bedding, bowls, pet carriers, etc. If you are worried that the items can be lost, dirtied, or damaged, please take them home with you and bring them back at time of pick up.

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 []

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

Microchip [] or scan

Other Procedure(s):

Employee Initials