



Crysler and AniMed
Animal Hospitals

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Surgery Consent and Release

Client Name:	Client Number:
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Patient Name:	Voucher Number:
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Canine Vaccinations: <input type="checkbox"/> Current (Date: _____) <input type="checkbox"/> Rabies <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> Other <input type="checkbox"/> Heartworm Test <input type="checkbox"/> Intestinal Parasite Test	Feline Vaccinations: <input type="checkbox"/> Current (Date: _____) <input type="checkbox"/> Rabies <input type="checkbox"/> FVRCP <input type="checkbox"/> FeLV <input type="checkbox"/> FeLV/FIV Blood Test <input type="checkbox"/> Intestinal Parasite Test
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Procedures

<input type="checkbox"/> Standard:	Includes: <ul style="list-style-type: none"> ■ Pre-Anesthesia Exam ■ Pre-Anesthetic Pain Control ■ Isoflurane Gas Anesthesia
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<input type="checkbox"/> Pampered Pet Package:	Includes in addition: <ul style="list-style-type: none"> ■ Pre-Anesthesia Blood Profile ■ IV catheter and fluids ■ Laser surgery ■ Post-Anesthetic Pain Injection ■ Post-surgery Pain Medication at home
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<input type="checkbox"/> Declaw Front: <input type="checkbox"/> Declaw Rear:	<ul style="list-style-type: none"> ■ Please note: The laser will be used for the declaw and an additional fee will apply when choosing standard.
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<input checked="" type="checkbox"/> Microchip Identification	<input type="checkbox"/> Accept <input type="checkbox"/> Decline
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A small area of hair may be shaved on your pets' leg to assist in IV Catheter Placement.

- Estimate provided.
- I **DO NOT** wish to have an estimate for today's services
- My pet has had no food after 9:00 PM last night and has had no water this morning

DISCLAIMER: I do hereby give Crysler & AniMed Animal Hospitals, its agents, servants, and/or representative's full and complete authority to perform the surgical procedure described above and to perform any other procedure that at their discretion, may be useful to promote the health of the above described pet. I do hereby and by the presents forever release the said doctor: his agents, servants or representatives from any and all liability arising from said surgery on said animal. **Like you, our greatest concern is the well being of your pet.**

Phone Number Where You Can Be Reached Today:

Signature:	Date:	<input type="checkbox"/> Estimate Provided
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