

**OPELIKA ANIMAL HOSPITAL**

Owner: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Patient: \_\_\_\_\_

Species/Sex: \_\_\_\_\_

**SURGICAL RELEASE:**

I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involve some minimal risk to my pet, and I will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks. Often during surgery, your pet may become soiled. If necessary, he/she will be bathed at an additional charge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL PAIN MEDICATION (Additional Charge):**

Additional pain medication is available for pets after surgery. **This price is not included in any previous quote.** Please indicate the appropriate answer as it applies to you and your pet:

\_\_\_\_\_ For an additional charge of \$53.20, I do want additional pain medication injections for my pet.

\_\_\_\_\_ I do not want additional pain medication for my pet.

**PRE-ANESTHETIC TESTING AUTHORIZATION (Additional Charge):**

Advances in anesthesia and surgery have made routine surgery safer. A physical exam alone will not identify all of your pet's health problems; therefore we strongly recommend a pre-anesthetic profile or a series of tests performed before anesthesia. This can greatly reduce the risk of complications. The tests we recommend are very similar to and equally as important as those your own physician would run if you were to undergo surgery. **This price is not included in any previous quote.**

The cost is as follows:

-Pets 5 years and younger-\$77.56

-Pets 6 years and older -\$106.65

\_\_\_\_\_ For an additional charge, I approve the pre-anesthetic testing.

\_\_\_\_\_ I decline the recommended pre-anesthetic tests at this time and request you to proceed with anesthesia.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY ABSCESS TEETH EXTRACTION (Additional Charge):**

When under anesthesia I give permission for the veterinarian to extract any abscess teeth they deem crucial to pull. I am aware that pulling tooth/teeth can result additional charges.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Would you like any of the following additional services performed while your pet is here today? Additional fees will apply.**

Bath	Yes / No	Microchipping	Yes / No	
Nail Trim	Yes / No	Clean ears	Yes / No	Ultrasonic teeth cleaning
Anal glands expressed	Yes / No	Spay or Neuter	Yes / No	Yes / No