



SURGERY / ANESTHESIA RELEASE FORM

Owner : _____
Address : _____
Phone : _____
Patient : _____
Date of Birth : _____
Breed : _____
Sex : _____
Color : _____
Main reason for admission : _____

I hereby authorize and direct the veterinarians of Oceanside Animal Clinic to perform the procedures and additional diagnostic and / or treatment procedures as deemed advisable for my pet, _____

The nature of the procedure(s) has / have been explained to me and no guarantee has been made as to results of cure. I understand that there may be risks involved in some of these procedures.

- * If your animal is being spayed and is in heat or right after heat there will be an additional fee of \$70
- * If your animal is being neutered and has Cryptorchidism there will be an additional fee of \$150
- * If your animal is getting dental work there may be additional fee for dental extraction of \$30 per tooth

I elect preanesthetic bloodwork to be done _____

I refuse preanesthetic bloodwork _____

Phone number where you can be reached _____

Owner's Signature: _____ Date : _____