



New Haven Pet Hospital
Surgical/Medical Treatment Release Form

Pet Name _____ ID# _____ Date _____

Owner _____ Admitting Staff _____

Surgical/Medical Procedure _____

I authorize the above surgical or medical procedure for my pet by the Doctors and Staff of New haven Pet Hospital. The nature of the services has been described to me to my satisfaction. I realize that no guarantee or warranty can ethically or professional be made regarding the results or cure for my pet.

I understand that general anesthesia may be necessary and that there may be a risk involved with the procedure. To decrease the risk of complications for my pet, the Doctors recommend the following selected test(s), at the listed additional cost, prior to anesthesia:

Please Circle and Initial (on the lines below) those items that you would like to have performed:

Yes / No _____ Heartworm Test: (dogs only) must be performed every 12 months.....\$23.25

Yes / No _____ HomeAgain Microchip: identification chip that helps prevent the loss of your pet.....\$30.00

Yes / No _____ Feline Leukemia / Immunodeficiency Virus Test (cats only).....\$36.75

Yes / No _____ Complete ECG: (electrocardiogram) computer analysis of the electrical output of the heart.....\$35.00
*Heart problems are the #1 cause of anesthetic deaths.

Yes / No _____ Pre-Anesthetic Profile: checks the liver, kidneys, and glucose enzymes, making sure those organs are healthy enough to handle the anesthetic. Checks the BUN, ALT, CREATININE, ALKP, TP, GLUCOSE, & HCT.....\$35.00

Yes / No _____ General Health Profile: expands on the above Enzymes and includes a Urinalysis, Electrolyte Panel, and a CBC. This is recommended for pets over 8yrs. Please keep your pet from urinating before dropping off.....\$63.00

Yes / No _____ Vaccinations: must be given within the past 12 months. If not current they will be given upon entry to the hospital, unless waived by an attending Veterinarian. Dogs: DHLPP and Rabies Cats: RDV and Rabies

Yes / No _____ Pain Medication: the attending Veterinarian may recommend pain medication. Would you like pain medication sent home for your pet? (Prices vary depending on size of pet, if a dog or cat, or other medical reasons)

It is important to understand that a pre-anesthetic work-up does not guarantee the absence of anesthetic complications. At the Veterinarians' discretion Geriatric (over 8 years of age) and Compromised pets may require a modified plan of anesthesia, which may result in an increase in anesthetic cost.

I understand that I assume financial responsibility for all services rendered. Payment is due at the time my pet is sent home. Written estimates for services are available upon request.

X _____ (Owner or representative over 18 years)

Daytime Phone _____ Alternate Phone _____

**Please bring completed form with you when dropping pet off. If you have any questions, please give us a call at 493-3739.

Time of Admittance _____ Pick-up Time _____