

HOWELL MILL ANIMAL WELLNESS CLINIC

SURGICAL AND ANESTHETIC RELEASE FORM

Thank you for choosing our clinic for your pets. To better serve you, please complete this form.

CLIENT (OWNER) INFORMATION

OWNER: _____ DATE: _____
ADDRESS: _____ COUNTY: _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME #: _____ WORK #: _____ CELL #: _____

PET INFORMATION

PET'S NAME: _____ SPECIES: DOG CAT SEX: MALE FEMALE
BREED: _____ COLOR: _____ AGE: _____

I, as owner or agent for the owner of the above named pet, hereby request and authorize the Howell Mill Animal Wellness Clinic, through whomever veterinarians they may designate, to perform the surgery or procedure for which the above described animal is admitted on this date. PLEASE READ ALL OF THE FOLLOWING!

1. **Has your pet had any food since 7pm on the evening before this surgery?** YES NO INITIAL: _____
 2. Do you have any other health related concerns? YES NO Explain _____

 3. The Howell Mill Animal Wellness Clinic have the right to refuse surgical service to any animal to which such surgery is deemed a health risk.
 4. **We will spay pregnant animals, however, please understand that spaying a pregnant animal will terminate the pregnancy.**
 5. Any anesthetic procedure involves a risk, although low, of complications including, but not limited to allergic reactions, cardiac arrest and death.
 6. **Post operative care instructions must be followed closely.** Any concerns related to the procedure should be reported to the Howell Mill Animal Wellness Clinic. We cannot cover charges incurred at other clinics.
 7. There will be an additional charge to neuter an animal whose testicles have not descended.
 8. Proof of current rabies vaccination is required. Pets without proof of current rabies will be vaccinated at an additional charge to the owner.
 9. For the protection of your pet, all vaccinations, a negative heartworm test and preventative should be current. these services can be provided, in most cases, at today's visit for an additional charge.
 10. **Do NOT** give your pet over the counter pain medications such as Motrin and Aspirin as they can be toxic to your pet! Pain injections are available to help keep your pet comfortable. Please ask the receptionist for details.
 11. Micro-chipping is available at the Howell Mill Animal Wellness Clinic, please ask for additional information.
 12. **It is important that we are left with viable phone numbers!** If anything unusual is noted with your pet during the examination or after sedation, you will be notified so that any additional recommended services can be performed with your permission at an additional charge.
- I hereby release the Howell Mill Animal Wellness Clinic, the veterinarians, assistants, all of its employees, directors, officers and volunteers from any and all claims arising out of or connected with the performance of this operation or procedure. I agree that I have and will not claim any right of compensation from them connected with the performance of this procedure.
- I am the owner of the above pet or acting as agent* for the owner and have the authority to execute consent. I have read, Understand and agree to the information listed above.

SIGNATURE: _____ DATE: _____

*Agent of owner must note their full name, complete address, home and work telephone numbers on reverse side.

PAYMENT IS EXPECTED AT TIME OF SERVICES.