

HOSPITAL/SURGICAL RELEASE

Owner's Name: _____ Animal's Name: _____

I certify that I own the animal named above or that I am acting as the agent for the owner. I do hereby consent and authorize Gehrman Animal Hospital and its staff to hospitalize my pet, administer vaccinations, medications, test, anesthetics, and/or surgical and dental procedures that the Doctor may deem necessary for the health, safety, or well-being of the above-named animal while under their care and supervision.

If my pet should injure itself, become ill, or die while in the hospital, I will hold Gehrman Animal Hospital and its staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for the below procedure(s) and treatment(s) in full at the time the animal is discharged. Abandonment or death of the animal does not release me of my obligation for the bill. If I neglect to pick up the animal after receiving written notice, that said animal is ready for release, you may assume the pet abandoned. You are then authorized to dispose of him/her as you see fit.

Procedure: _____ Date: _____

When did your pet last eat? _____ Last drink? _____

PRESURGICAL BLOOD SCREENING RELEASE

(for animals undergoing general anesthesia)

Blood screening will allow us to detect conditions that might not be apparent on routine physical exam. A complete blood count (CBC) will check for anemia, infection, and possible bleeding tendencies. A blood chemistry profile will check for liver and kidney disease and may indicate metabolic problems.

Complete blood count (CBC)

Required for all animals within 30 days \$40.25

Blood chemistry profile

Age: under 5 years (optional)
5-8 years (strongly recommended)
over 8 years required for all animals within 90 days \$69.70
____ Yes, please perform the blood chemistry profile (Pets under 8 years of age)

DENTAL EXTRACTIONS *(please check one)*

(in connection with dental cleanings)

____ I give my permission for tooth extractions. I understand that there may be additional fees.
____ Please call me at the number listed below prior to extracting any teeth. If I am unavailable at the time of the call, I give my permission for extraction(s).

MICROCHIP

____ Please implant a Home Again microchip \$61.20 (\$14.99 Home Again fee)

Signature: _____ Date: _____ Today's Phone: _____