

**ROBINSON ANIMAL HOSPITAL
PROCEDURE RELEASE FORM**

Date: _____ Pet Name(s): _____ Owner: _____

RELEASE

I hereby consent and authorize Robinson Animal Hospital to provide treatment to my pet listed above. I understand that all precautions will be taken to ensure the safety and good health of my pet during its stay and if any concurrent problems develop with my pet, treatment as deemed necessary by the doctor will be provided, and I will assume full responsibility for the treatment expense involved.

REQUIRED VACCINATIONS AND TESTS

Canine: Distemper/Parvo, Rabies, Bordetella, Heartworm 4DX test, Fecal

Feline: Feline Distemper, Rabies, Fecal

*Feline Leukemia/FIV test required for outdoor cats that are more than 1 year past due on Leukemia vaccine

I understand that all pets entering the hospital must be up to date on all **vaccinations and laboratory tests** listed above and that my doctor will update my pet if he/she is overdue for any these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at additional cost to me.

IF SEDATION IS REQUIRED

I understand that because of the nature of sedation/ anesthesia, complications cannot always be predicted and may include permanent disability or death. I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

MY PET HAS NOT HAD ACCESS TO FOOD WITH IN THE PAST 12 HOURS: YES _____ NO _____

Last had access to (time of day) Food _____ Water _____

BLOODWORK ~Staff check here if bloodwork done within 30 days: _____

Pre-anesthetic blood work is **strongly recommended**. Bloodwork helps our doctors to determine if the organs necessary for processing anesthesia are in good health. If your pet is **UNDER 7 YEARS**, you may choose whether or not he/she has pre-anesthetic bloodwork. If your pet is **7 YEARS OR OLDER, pre-anesthetic bloodwork is required**.

____ I choose the pre-anesthetic bloodwork and understand there is an additional charge.

____ I decline the pre-anesthetic bloodwork, my pet is under 7 years of age.

ADDITIONAL PROCEDURES IF DESIRED (additional cost)

__ Nail trim __ Ear cleaning __ Microchip __ Anal Glands __ Sanitary clip

Please leave a number where you can be reached today: _____ If we are unable to reach you, do you have alternate contact? Name: _____ Number: _____

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner (or agent for the owner of) _____. I understand that full payment is due at time of pickup and if I want an estimate for the procedure I must request one prior to the procedure(s).

Signature: _____ Date: _____