

Owner / Authorized Agent Release – PLEASE TAKE A MOMENT TO READ & INITIAL EACH SECTION.

***** We MUST be able to reach you WHILE your pet is under anesthesia. If for any reason contact cannot be made at the phone number provided, the veterinarian may perform procedures necessary for the health of the patient.**

X _____ I have not given my pet any food or water after 10pm on the night before the procedure. I understand this is important for anesthetic safety.

X _____ I understand C.C. Veterinary Hospital cannot guarantee the health of my pet. I understand that anesthesia and surgery always involves some risk (such as unknown internal physical abnormalities, medication allergies, surgical complications, including death, internal bleeding, shock, incision dehiscence, and post-surgical infection), and agree to hold C.C. Veterinary Hospital harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

X _____ If unforeseen conditions arise which, in the judgment of the attending veterinarian, require procedures and/or treatment other than those authorized in this release, and staff are unable to contact me or my authorized agent at the phone numbers listed above, I assume full responsibility for treatment expenses incurred.

X _____ C.C. Veterinary Hospital believes in compassionate, quality medical care for our patients. As a result, all patients will receive pain management during surgery and post-operative recovery as deemed necessary by the veterinarian overseeing each case. This will not only provide the patient with pain relief, but also potentially speed recovery and decrease the risk of complications. A supply of medication may be prescribed for you to administer at home. I consent to the administration of said medications.

X _____ I understand that if I, the owner or authorized agent, do not contact C.C. Veterinary Hospital regarding the animal noted on this release after 5 days of the pet's admission to C.C. Veterinary Hospital, said animal will be considered abandoned and may be disposed of as the veterinarian sees appropriate. It is also understood this action does not relieve me of any debt to C.C. Veterinary Hospital for expenses incurred.

X _____ All procedures must be paid in full at the time of service, unless prior arrangements have been made and approved.

X _____ If fleas are observed on your pet while they are hospitalized, a Capstar pill will be administered to them at the owner's expense of \$8.00.

X _____ This is an approximate estimate of the expected expenses based on the initial visual exam.
I understand this is only an estimate and may be subject to change.

Estimate: \$ _____

I am the owner / authorized agent of the animal described on this form and have the authority to execute this document. After carefully reading the above, I sign in agreement:

X _____ Print Name: _____