

# All Pets Animal Hospital, PA.

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www.allpetsasheville.com

## Surgery/Treatment Release

TO PREVENT THE SPREAD OF DISEASE ALL PETS MUST BE CURRENT ON VACCINATIONS AND FREE FROM FLEAS/TICKS BEFORE ENTERING THE HOSPITAL. WE RESERVE THE RIGHT TO TREAT ANY ANIMALS IN OUR CARE WHEN NECESSARY AT THE OWNERS EXPENSE. THIS IS FOR YOUR PET'S PROTECTION.

I hereby authorize performance of the following procedure(s) \_\_\_\_\_ on my pet \_\_\_\_\_. The nature of such service has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

### Pre-anesthetic blood testing

Our greatest concern is the well-being of your pet. We will perform an exam before administering anesthesia. However, disorders of the liver, kidneys, or blood are not detected unless blood testing is done. Abnormalities of any of these may increase risk. For these reasons, all pets seven years and over will be tested prior to general anesthesia and we highly recommend pre-anesthetic blood testing for all others.

### All persons leaving a pet for surgery/anesthesia must initial below:

- \_\_\_\_ YES, I want the blood screen
- \_\_\_\_ NO, I do not want the blood screen

### Our policy is to send pain medication home after surgery unless declined by owner:

- \_\_\_\_ No, I do not want pain medication

### Additional Services Requested (while under sedation/anesthesia):

These are elective procedures and will only be performed at the discretion of the attending doctor.

- \_\_\_\_ Microchip - for permanent ID if pet is ever lost/stolen
- \_\_\_\_ Ear Cleaning/Flushing (price will vary)
- \_\_\_\_ Anal Sac Flushing
- \_\_\_\_ Show Cut Nail Trim - All dogs and cats will receive a regular nail trim at no charge.
- \_\_\_\_ Tooth Extraction (price will vary)
- \_\_\_\_ Lumpectomy (price will vary) - Please be sure to show us precise location of mass(es)

I understand that I assume financial responsibility for all services rendered, and that **PAYMENT IS DUE AS SERVICES ARE RENDERED.**

Signed by Owner or Agent of Owner \_\_\_\_\_

**Contact Phone Number (Very Important)** \_\_\_\_\_

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|-----------------------------|------------------------------|----------------------|
| Receptionist Check In _____ | Invoiced By _____            | Drugs Recorded _____ |
| Technician Check In _____   | Called By _____              |                      |
| Attending Doctor _____      | Receptionist Check Out _____ |                      |
| Attending Technician _____  | Technician Check Out _____   |                      |