

05-07-18

**Over Counter,**

P.O. Box 236

Warrior, AL 35180

**No Animal2**

Breed: B6

Color:Blue

Age: 13Y

Gender: F

Admitting Tech Initials: \_\_\_\_\_

I, the undersigned, am the owner or agent of No Animal2 and have the authority to execute this consent. I authorize the performance of anesthesia on the above patient, and the following surgeries and/or other procedures:

Owner's  
Initials

- Spay  Neuter  Dental  Radiographs (x-rays)
- Sedation for Restraint  Other (specify) \_\_\_\_\_

\_\_\_\_\_

All patients must be current on required vaccinations prior to or upon admission.

- No Animal2 is current on all required vaccines.

Name of Veterinary clinic \_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_

**Canine Only**

- K-9 Annual (includes: 6-way, Rabies, Bordetella, heartworm test, intestinal worm check and doctor's exam) **\$129.50**
- Fecal exam **\$19.25**

**Required:**

- Heartworm test **\$29.25**(required on all dogs not on regular heartworm prevention or 6 months and older)
- Bordetella **\$22.50**       6-way **\$25.25**       Rabies **\$13.50**

\_\_\_\_\_

**Feline Only**

- Feline Annual **\$81.00** (includes: FVRCP, Rabies, intestinal worm check and doctor's exam)
- Heartworm test **\$29.25**
- Combo testing **\$39.95** (All cats 6 weeks of age and older should be tested for AIDS and Leukemia)
- Leukemia Vaccine **\$28.30** (if your cat has previously tested negative, 1st booster needed in 3 weeks, then yearly)
- Fecal exam **\$19.25**

**Required:**

- FVRCP **\$25.25**       Rabies **\$13.50**

\_\_\_\_\_

Yes	No	U		Owner's Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did No Animal2 eat this morning? Last time to eat? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is No Animal2 allergic to any drugs and/or vaccines? If so what? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has No Animal2 had any illness or injury in the past 30 days? If so what? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any history of seizures and/or previous anesthetic problems	
	<input type="checkbox"/>		Current medications? _____	

Our greatest concern is the well being of No Animal2. Disorders of the liver, kidneys or blood may not be detected unless blood work is done. Knowing about additional risks prior to anesthesia helps us to better prepare and treat your pet. For these reasons, we highly recommend pre-anesthetic blood screens.

Yes, I want the blood screen **\$59.50**     
  No, I decline the blood screen

As No Animal2 recovers from anesthesia, we will keep them as pain free as possible, however, some pain is expected at home and additional pain control may speed healing and improve your pet's comfort.

**Please Note:** The medication that is given not only will help with pain, but will also help with inflammation and may help speed healing and improve your pet's comfort.

**\*\*Pain medications are not optional on declaw and spay surgeries. Estimated cost (\$25 - \$35)**

Yes, I want additional pain medication     
  No, I decline additional pain medication

**Additional Services:**

- |   |  |
|---|--|
| <input type="checkbox"/> Nail trim (included with routine surgery)<br><input type="checkbox"/> Microchip implant <b>\$56.00</b> (does not include activation fee)<br><input type="checkbox"/> Dremel Nails <b>\$17.50</b> | <input type="checkbox"/> Anal glands <b>\$15.70</b><br><input type="checkbox"/> Ear Cleaning <b>\$18.60</b><br><input type="checkbox"/> Temporary teeth <b>\$18.50</b> per tooth |
| <input type="checkbox"/> Cool Laser Therapy to facilitate healing and reduce inflammation \$10.00   |  |

Other \_\_\_\_\_

**\*\* I understand a Capstar , that kills adult fleas for 24 hours, or monthly preventative will be given to all pets at which fleas are visible.**

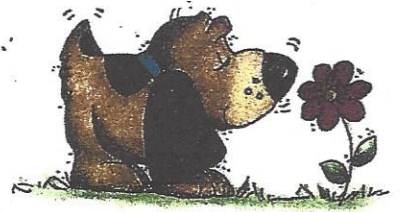
**\*\*There will be an additional charge for animals that are in heat, pregnant or excessively overweight and are undergoing a spay/neuter surgery (at doctor's discretion).**

**Owner Release**

I understand the noted anesthetic, and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury or even death. I understand that preventative measures will be taken to prevent any unforeseen complications. I authorize the clinic/staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communicated with me. I agree to assume financial responsibility for all routine procedures noted and/or emergency services rendered. ***I also understand that full payment is due at time of discharge.***

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner/Agent

Phone number where you can be reached today: \_\_\_\_\_



## PET CARE CONTRACT RELEASE FORM

I hereby consent and authorize Stewart Animal Clinic to admit, prescribe, treat, or perform surgery on my pet in the event of an illness or emergency.

Stewart Animal Clinic will take all reasonable precautions to make sure my pet has a safe stay in our facilities, but will not be held responsible for pre-existing conditions, that might cause illness or death during your pets stay.

I understand that in the event that I should not return to claim my pet, a certified letter will be sent out five days after the agreed release date stating that I have ten days to claim my pet, if I do not pick up my pet by this time the animal is considered abandoned and is now property of Stewart Animal Clinic. I also understand that this does not relieve me from paying cost of services and the use of our facilities, including cost of boarding.

All pets admitted for treatment and/or boarding will be administered a flea adulticide and must be current on all annual/semi-annual vaccinations at time of admission at owners expense. Initial. \_\_\_\_\_

PAYMENT IS DUE WHEN SERVICES ARE RENDERED Initial \_\_\_\_\_

DROP OFF DATE: \_\_\_\_\_ PICK-UP DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PHONE # for Immediate Contact: \_\_\_\_\_

EMERGENCY Contact: \_\_\_\_\_ PHONE# \_\_\_\_\_

