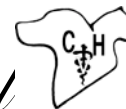




Central Veterinary Hospital



Statement of Commitment

The staff of Central Veterinary Hospital assures you that we will use our best judgment in caring for your pet. This judgment is based on experience, physical exam, and, if requested, laboratory analysis.

Every attempt will be made to perform your pet's surgery or treatment at the scheduled time. Please understand that unforeseen emergencies or involved medical treatments may influence the doctor's schedule. As always, our first concern is the patient.

Medical, Surgical and/or Hospitalization Release

I, the undersigned, do hereby certify that I am the owner or authorized agent of the animal described below. I give Central Veterinary Hospital full and complete authority to perform the medical and/or surgical procedure and associated anesthesia stated below and any procedures deemed necessary by the doctor that is in the best interest of my pet. I do release Central Veterinary Hospital from any and all liability for so performing the surgical procedures.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The estimate of fees for presently planned procedures is only a best approximation, and the final bill may be less or greater than this estimated amount. Should I fail to pay for any services provided, I will be responsible for all service charges and collection charges.

Client Name: _____ **Signature:** _____

Pet's Name: _____

Procedures, treatments to be performed: _____

Emergency Phone Numbers: _____

Date: _____

Pre-Operative Panel & PCV

Many health problems cannot be identified by a physical exam, so we strongly recommend all pets receive a pre-operative blood screen & PCV to evaluate liver and kidney function, determine the presence of anemia, diabetes or any other internal illness that may cause complications with the anesthesia. This screening does not guarantee the absence of potential complications, but does greatly reduce the risk of complications and helps identify health conditions that may require medical treatment in the future. The cost of the pre-operative panel and PCV is \$46.70

I am authorizing the pre-operative panel & PCV be performed on my pet. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk when placed under anesthesia if such a condition is undetected. **(If declining, write decline on signature line)**

Signature: _____

Please initial next to any additional services you would like to have performed at this time to reduce the need for future anesthesia and minimize discomfort to your pet.

_____ Nail Trim

_____ Anal Gland Expression

_____ Ear Flushing

_____ Microchipping

_____ Post Surgical Pain Medicine to take home

_____ Dental prophylaxis & Fluoride tx

_____ Tooth Extractions as needed

_____ Teeth brushing

_____ Sealants and plaque prevention home care kit

_____ Other: _____