Canfel Care Animal Hospital

General Surgical and Medical Release

Owner:		
Species:		
Color:		Age:
Procedure(s): [] Spay (Female)	[] Castration (Male)	Other
Pre-Anesthetic Screening Consen	<u>ıt/Waiver</u>	
Like you, our greatest concern is the well-being of However, many conditions including disorders of the For these reasons, we highly recommend pre-operations.	the kidneys, liver, and blood car	nnot be detected without a blood screen.
3 ,		0-9yrs 10+yrs
[] I Do , [] Do Not authorize the recommende I understand and assume all responsibility for addit screen for my pet's safety.		
PLEASE NOTE: THERE ARE ADDITION	AL CHARGES IF:	
 Your female cat or dog is pregnant. Your female dog is in heat. 		
3. Pain medication or antibiotics are dispens	sed.	
I, the undersigned, certify that I am the owner or au doctor on duty and assistants to perform the above well as any necessary and appropriate medical, surgibeen advised as to the nature of the procedures and treatment can be made and that Canfel Care LLC we circumstances in connection therewith, as it is thorough the content of the procedures.	procedures, including administ gical, nursing, diagnostic, and/of the potential risks. I also under will not be held liable in any ma	tration of sedatives and/or anesthetics, as or emergency care for the animal. I have rstand that no guarantee of successful unner whatsoever or under any
I have read and understand the reasons for and the financial responsibility for all charges and services		
Signature (owner/agent):		Date:
IN CASE OF EMERGENCY		

Phone number where we can reach you today: _