

Release Form

I hereby consent and authorize you, Doctor Wolfe, to receive, prescribe for, treat, or operate upon <animal>. You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks. I understand that there is no guarantee of a successful outcome with any medical or surgical treatment.

If during treatment or surgery it appears that the final fee will exceed 20% above the maximum of the range quoted in this treatment plan, I will be contacted by telephone to verify that I want to proceed with further treatment or surgery. In the event that I can't be reached immediately at the number(s) provided below, treatment and/or surgery will proceed until I can be contacted. I will be responsible for any additional fees that may be charged as a result.

Written notice will be mailed to the address below to remove the animal(s). Five days after such written notice, the animal(s) will be considered abandoned and may be disposed of, or destroyed, as you deem best, and it is understood that your so doing does not relieve me from paying all costs of your service and the use of your clinic, including the cost of keeping.

I have read the foregoing and agree.

Phone number where you can be reached today. _____ - _____

If I cannot be reached, for any reason, I give Dr. Gail Wolfe permission to perform any medically appropriate procedure necessary and agree to be billed for it.

Owner's Signature

☞ I would like a Home Again Identification Microchip inserted in <animal> while he/she is under anesthesia.
_____ Yes _____ No

☞ I would like <animal> to receive a pre-operative pain injection to prevent post-operative pain.
_____ Yes _____ No

☞ I would like <animal> to receive a 4-point regional nerve block in each paw to provide additional pain relief to the toes.
_____ Yes _____ No

☞ I would like <animal> to be checked for intestinal parasites if a sample can be obtained.
_____ Yes _____ No

☞ I certify that <animal> has not had anything to eat for the last twelve hours.

Owner's Signature

Gail S. Wolfe, D.V.M.
Bennett Road Animal Clinic, Inc.
2298 Bennett Rd.
Okemos, MI 48864

Pre-Anesthetic Testing Consent

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well-being of your pet. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

The combination of blood tests we recommend for the apparently healthy younger pet is listed below.

- BUN, Creatinine, ALKP, ALT, Glucose, Total Protein
(kidneys, liver diabetes/sugar, hydration)
- CBC *(anemia, infection, clotting)*
- Electrolytes *(dehydration)*

\$ _____

The combination of blood tests we recommend for the older pet is listed below.

- BUN, Creatinine, ALK, ALT, Glucose, Total Protein, Albumin, Total Bilirubin, Phosphorus, Amylase, Cholesterol, Calcium
(kidneys, liver diabetes/sugar, hydration, protein, pancreas, tumors)
- CBC *(anemia, infection, clotting)*
- Electrolytes *(dehydration)*
- Urinalysis *(kidney, diabetes)*
- Thyroid hormone *(overactive or underactive) if symptomatic*

\$ _____

\$ _____



- ✓ I would like to discuss pre-anesthetic testing with a veterinarian prior to making a decision.
- ✓ Please complete the recommended testing prior to administering anesthesia to my pet.
If abnormalities are found, contact me at the phone number below:

SIGNATURE OF OWNER _____ PHONE NUMBER _____

- ✓ I decline the recommended pre-anesthetic tests at this time and request you proceed with anesthesia. I understand that a medical condition may exist. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

SIGNATURE OF OWNER _____