



Medical / Surgical Release Form

Date _____ Procedure _____

I hereby consent and authorize you, Dr. _____ and the staff of this hospital to receive, prescribe for, treat, perform diagnostics, and operate upon (animal's name) _____. I certify that I own the aforementioned animal(s) or am authorized by the owner to give the consent expressed herein.

1. There are inherent risks involved with any anesthetic. I have been informed as to the nature of the procedures and/or operations and the risks involved. I acknowledge that no guarantees have been made to me as to the results of any treatment, procedure or surgeries. I understand that all reasonable precautions to ensure the well being of my pet will be taken during the care, hospitalization, and treatment at Arch Creek Animal Clinic.
2. I have received an estimate of the costs involved. It is only an estimate. If further treatment or surgery becomes necessary, the cost will then change. I may get an update at anytime by calling the office between 8am and 6pm.
3. A deposit of 50% of the bill is required before treatment begins, and the balance is due when my pet is released. Payment may be in the form of check, credit card or cash. There is no payment plan available through the clinic.

I authorize the following recommended items. I am aware that these are at an additional charge.

IV Catheter and fluids with surgery
(please check to authorize)

Post operative pain medication
(please check to authorize)

By signing below, I acknowledge that I have read and understand this release and I agree with the terms and conditions expressed herein. I understand that if this balance is not paid and requires collection processing, I will be responsible for the balance and any collection and/or attorney fees incurred in collecting this debt.

Signature (of owner or authorized agent): _____

Print name: _____

Number where you can be reached: _____ Alternate number: _____