

Lincoln Veterinary Clinic

275 Magnolia St S

Lincoln, Al 35096

205-763-8387

Dr. David Hillman

Surgical Release Form

Owner's Name on Account: _____

Pet's Name: _____

Contact Phone #: _____ E-mail: _____

WE REQUIRE AN UP TO DATE RABIES AND BORDETELLA VACCINE FOR ANY PATIENT STAYING IN OUR FACILITY. Rabies-\$35, Bordetella-\$19

CATS ARE ONLY REQUIRED TO BE UP TO DATE ON A RABIES VACCINE - \$35.

If your pet is IN HEAT there will be an additional charge of \$36.00 or if PREGNANT there will be a \$76.00 charge added to your balance if being spayed.

Pre- Anesthetic Blood Work:

- Yes, I want Blood work (\$75)
- No

In order to make the procedure as safe as possible, we strongly recommend a blood screen to ensure your pet is healthy and able to recover easily from anesthesia. The CBC evaluates the function of the liver, kidneys and checks red and white blood cell counts.

Post Surgical Laser Therapy:

- Yes, I want Laser Therapy (\$16)
- No

The latest technology that facilitates healing without the use of medication. Laser light therapy will be administered immediately after the procedure for the purpose of reducing swelling, inflammation and discomfort, help prevent infection and speed the healing process.

Additional Services/Procedures: Check If desired

- Pain Medication (approximately \$15)
- Microchip (\$35)
- Nail Trim (\$16) over 40 pounds (\$19)
- Ear Cleaning (\$18.77)
- Express Anal Glands (\$16)
- Heartworm Test - required to dispense heartworm prevention (\$33)
- Fecal Flotation- check for intestinal parasites (\$29)

ONLY for Mass/Growth/Tumor Removal Surgery: Histopathology

- Yes, I want the sample sent for a Histopathology (\$113.76)
- No

Histopathology (microscopic scan of the tissue) to determine if malignant or benign

Is your pet currently taking medication?

- Yes; list medication _____
Last dose given: _____
- No

Any known medical allergies?

- Yes; please list allergies _____
- No

Is your pet on Heartworm and Flea Prevention?

- Yes; List product and last date given _____
- No

Additional information we may need to know while your pet is in our care:
(anxiety, behavior/socialization issues, physical limitations, current or previous health conditions) _____

Comments/Questions: _____

Is anyone else authorized to pick up your pet today?

- Yes; Name** _____ **Phone** _____
- No**

I understand that there are risks associated with sedation and anesthesia, if any of these unforeseen complications should arise I authorize the veterinarians of Lincoln Veterinary Clinic to perform necessary lifesaving procedures.

I certify that I am the owner or authorized agent of the owner of these listed animal(s). I accept full financial responsibility for these pets and the services they receive. I understand that any animal left 10 days or more after designated discharge date shall be considered abandoned by me and will become property of the clinic. I understand that the financial obligation will remain my responsibility no matter the outcome. Should it become necessary to collect through an attorney or outside agency, I agree to pay all costs.

Today's Contact: _____ **Phone:** _____

Owner's Signature: _____ **Date:** _____

Full payment is expected at time of pick up.