

Blue Cross Veterinary Hospital Anesthesia, Surgical and Medical Release

Client Name:		Date:	
Pet's Name:	Procedure(s):		
procedure of this type. understand that during th an extension of the foreg above. I hereby consent	The nature and risks of this procedure course of the procedure, unforeseen going procedure or the performance of to performance of such procedures as ect to the doctor's discretion. I also us any time.	are have been explained conditions may arise that of additional procedures are deemed necessary by	to me. I further at may necessitate to those set forth y the veterinarian.
	of appropriate anesthetics as neede		•
NEUTER: I understand (cryptorchid), there will be (initial)	I that if my pet is having a neute be additional charges.	r procedure and has a	retained testicle
	at if my pet is having an ovariohyste will be additional charges.	rectomy (spay) procedur	e, and is in heat,
be performed at the time tooth-depending on the d the extraction when my p	that if tooth extractions are necessary e of the dental. Additional fees are a ifficulty of the extraction), local denta bet recovers from anesthesia), and add w long it takes to extract the tooth).	associated with extractional blocks (\$31 each to de	ns (\$15-\$150 <u>per</u> crease the pain of
` ,	without a prior phone call. Yes	No	(initial)
I assume full financial res(initial)	sponsibility for all charges and service	s incurred to the above na	amed animal
	the owner of the above-named animent and authorize the performance of t		ty to execute this
Signature (owner/agent)		
Do you have our app do	wnloaded? Yes/No Can w	e contact you today via	the app? Yes/No