

Pickrell Veterinary Clinic

843 W. Pickrell Road, Pickrell, NE 68422

(402) 673-4525

COMPANION ANIMAL ANESTHESIA/SURGERY CONTRACT

Client Name:* _____ Pet's Name:* _____

Address:* _____ Species: _____

_____ Breed: _____

City, State, Zip:* _____ Sex: MALE FEMALE Age: _____

Telephone:* _____ How do you intend to pay? _____

Special instructions: _____

Physical Description of Pet (markings) & Belongings: _____

Please read all the information below BEFORE initialing AND circling YES or NO

I realize there are anesthetic risks involved, as well as risks associated with medical and surgical procedures. Such risks include, but are not limited to, a reaction to the anesthetic or administered medications resulting in the death of my animal. I hereby release Pickrell Veterinary Clinic and its owner(s) and employee(s) from all responsibility of such complication(s).

The procedure and my financial obligations have been explained to me to my satisfaction. I realize that no guarantee nor warranty can be ethically or professionally made. I am also aware that the price quoted me is the projected price of the procedure to be done with my pet. I am aware that certain variables (that are not at this time foreseen) could result in a change in price.

Diagnostics

Pre-Anesthetic Diagnostic Testing - includes complete blood count and serum chemistry panel **YES NO Initial** _____

I understand that these diagnostic tests are recommended for the anesthetic safety of my pet and as screening tests for illness associated with infection and changes in organ function which may affect how my pet tolerates anesthesia. This is an additional \$75.

Labwork - I want labwork done for my pet. I understand labwork is my financial responsibility and is not included in the price of the procedure. **[Ex. mass removal]** **YES NO Initial** _____

X-Rays - I want x-rays done of my pet. I understand x-rays are my financial responsibility and are not included in the price of the procedure. **[Ex. dentistry]** **YES NO Initial** _____

Medicine

I understand that if my pet is found to have fleas, ticks or ear mites they will receive treatment at my expense. **Initial** _____

I want intravenous (IV) catheterization and fluids for my pet during surgery. This is an additional \$25. **YES NO Initial** _____

I want pain medication to be sent home with my pet. This is an additional \$5. **YES NO Initial** _____

I want an E-collar sent home with my pet. This is an additional charge. **YES NO Initial** _____

Spay

In the event that it becomes apparent that my animal is pregnant:
- I want to terminate the pregnancy and continue on with the abortion and spay **YES NO Initial** _____
There will be extra charges for advanced pregnancy.

I understand that I assume financial responsibility for all services rendered and that payment is considered due when my animal is discharged from the clinic. Down payment may be required before hospitalization medical or surgical care. Pickrell Veterinary Clinic reserves the right to refuse hospital admittance and treatment. If the pet has already been admitted, Pickrell Veterinary Clinic reserves the right to refuse release of the pet until payment arrangements are made to the satisfaction of the clinic.

By signing below, I agree to all terms and conditions. I acknowledge that I have read, understand and agree to all of the information contained in this contract. I have the right to ask questions before signing.

OWNER/AGENT OF OWNER _____ Date _____

*Rabies vaccination must be current for all surgery patients. If proof is not provided we will administer the vaccine and owner will be charged.