

Flora Veterinary Clinic  
7811 Old Hwy. 50  
Flora, IL 62839  
(618) 662-4176

### Surgery/ Treatment Release Form

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_

I am responsible for the above described animal and have the authority to give you my consent to prescribe for, treat and /or operate upon \_\_\_\_\_(pet). I understand that the surgery or treatment is:\_\_\_\_\_.

Flora Veterinay Clinic will use all reasonable precautions against injury, escape or demise of the animal. Flora Veterinary Clinic will not be held liable in any manner or circumstance on account of care, treatment or safekeeping of the animal described above or otherwise in connection with and it is understood that I (owner) assume all risks.

**I understand that if I (owner) cannot show evidence of current vaccinations given by a veterinarian, vaccinations will be done upon hospitalization and added to the cost of the above described procedure(s). Vaccinations for dogs (Rabies, DALPPV booster and Bordatella). Vaccinations for cats (Rabies, Feluk booster).**

I understand that conditions not known may make it advisable that other surgery or treatment be done, and I (owner) authorize such other surgery or treatment when and if they are deemed necessary.

I consent to the administration of anesthesia as deemed proper by the doctor.

I acknowledge that no assurance or guarantee has been made of the results or treatment, and the risks and probabilities of complications exist in any surgical or medical treatment.

I understand that if my female dog or cat is being admitted for an ovariohysterectomy (spay) and is found to be "in heat" or pregnant, there will be additional charges for the procedure. This is due to additional surgery and anesthesia time required to perform the procedure.

All charges shall be paid when pet is released from the hospital.

**I understand that if my pet is found to have fleas / ticks on the day he/she is admitted to the hospital, they will be treated at my (owner's) expense. This enables us to keep our hospital flea / tick free.**

After carefully reading the above information, I have signed in agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_