

Mason Family Pet Hospital, LLC  
HOSPITAL CHECK-IN FOR **DOGS**  
SURGICAL & MEDICAL RELEASE FORM

**\*\*\* PLEASE READ CAREFULLY, MARK ALL APPLICABLE ANSWERS, AND SIGN \*\*\***

Owner/Agent \_\_\_\_\_ Pet's Name \_\_\_\_\_

1) My dog is here for the following scheduled services: \_\_\_\_\_

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2) While my dog is hospitalized, please perform the following additional services if medically indicated:

- Perform a complete examination(\$29.50). This is highly recommended if your pet has not been seen by us in the past year or if you have noticed any health problems. ***\*\*This is required for all patients receiving vaccines.***
- Update vaccines which are due now or within the next 30 days (\$17-19 each). Please provide previous vaccination records.
- Heartworm test (\$22.50) for dogs over 7 months to be done annually or whenever dog has not been consistently taking heartworm prevention year round.
- Pull a stool sample to check for parasites (\$12.50).
- Implant a HomeAgain microchip for identification (\$46).
- Dispense medication if indicated for :
  - Flea/Tick Bravecto 12 week tablet(s) or  Simparica monthly tablet  
How many month's supply? \_\_\_\_\_
  - Heartworm Prevention  6months *or*  12 months
  - Trifexis (combo flea & HW pill) 6 months
  - Medication for other problems found on physical or fecal exam.

***\*\*\*All pets having an exam or anesthesia will receive a complimentary nail trim.\*\*\****

3) Depending upon the procedure, the veterinarian is likely to administer extra post-operative pain medication(s) and dispense some for home use. These medications add from \$10 to \$30 to your invoice.

4) I hereby authorize Mason Family Pet Hospital, llc and its designated associates, technicians, or assistants to treat, anesthetize, prescribe medication for, and perform specific diagnostic tests or surgery on my pet. I have been advised as to the nature of the procedures or operations. I realize that the results cannot be guaranteed. I understand the risks associated with these procedures and know that all reasonable precaution will be taken against injury, escape, or the death of my pet. I will not hold Mason Family Pet Hospital, llc liable in the event of such.

If emergency treatment is required and I cannot be reached, I authorize Mason Family Pet Hospital, llc to perform such procedures as are necessary to preserve the life of my pet until I can be contacted.

I accept full financial responsibility for treatment of my pet and understand that payment in full is due upon release of my pet from the hospital, or when service is otherwise terminated.

I certify that I have read, fully understand, and agree to this authorization and release.

X \_\_\_\_\_  
(Signature of owner or authorized agent)

\_\_\_\_\_  
(MFPH employee witness)

\_\_\_\_\_  
(Phone # where I can be reached TODAY)

\_\_\_\_\_  
Date