



East State Veterinary Clinic
Medical / Surgical Release Form
3319 E. State Blvd. Fort Wayne, IN 46805 260-483-4011

Owner: [Click here to enter text.](#)

Contact Phone #: [Click here to enter text.](#)

Pet's Name: [Click here to enter text.](#)

Date of Procedure: [Click here to enter a date.](#)

Procedure or Treatment to be performed: [Choose an item.](#)

Special Instructions: [Click here to enter text.](#)

Medical History:

Is your pet current on his or her vaccines? [Choose an item.](#) Date if known: [Click here to enter a date.](#)

Is your pet on a Heartworm Preventative? [Choose an item.](#) Date if known: [Click here to enter a date.](#)

Is your pet current on their flea preventative? [Choose an item.](#) Date if known: [Click here to enter a date.](#)

Has your pet had any recent vomiting, diarrhea, coughing, or sneezing? [Choose an item.](#)
[Click here to enter text.](#)

Has your pet had any illnesses or injuries in the past 30 days? [Choose an item.](#) [Click here to enter text.](#)

Did your pet eat within the last 8 hours? [Choose an item.](#)

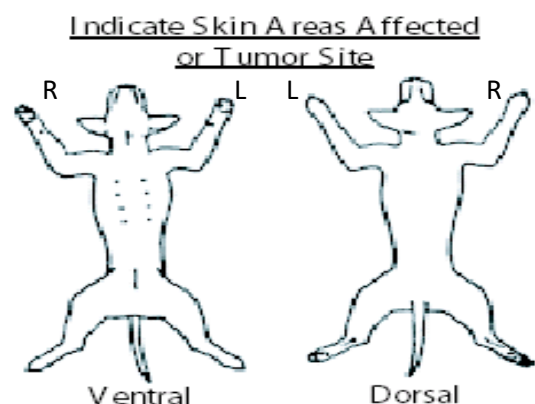
Does your pet have any known allergies? [Choose an item.](#) [Click here to enter text.](#)

Is your pet currently on any medications, even over the counter medications such as aspirin or vitamins?
[Choose an item.](#) [Click here to enter text.](#)

Other services you would like performed today? (Extra charges may apply **)**

- ☐ Vaccines
- ☐ Nail Trim
- ☐ Heartworm Blood Test (\$34.00)
- ☐ FeLV / FIV Test (\$38.00)
- ☐ Anal Gland Expression
- ☐ Microchip Application (\$40.00)
- ☐ Stool Sample (\$26.50)
- ☐ Therapeutic Ear Cleaning
- ☐ Dental Cleaning (variable)
- ☐ Baby Teeth Extraction
- ☐ Urinalysis (\$38.76)
- ☐ Brush or clip out mats if indicated
- ☐ Purchase Preventatives (variable)

- ☐ Remove the indicated growths or tumors
(Please ID below) (variable)



Pre-Surgical Screen

Like you, our greatest concern is the well being of your pet. A pre-surgical evaluation will be performed on your pet which may include an exam and or lab work deemed necessary by your pet's doctor. The doctor will then review these results before initiating anesthesia. If any significant abnormalities are detected, your pet's doctor will contact you and discuss further recommendations. Please leave our office with a contact number that we can use if we need to discuss any results obtained. [Click here to enter text.](#)

[Click here to enter text.](#) I have read and understood the previous statement.

Informed Consent

I have received an estimate ranging from \$ _____ to \$ _____ for the prescribed and anticipated services. If the actual anticipated cost exceeds 10% of the maximum expected cost, we will require your authorization before proceeding with the further treatment. I understand that during the course of the operations or procedures unforeseen conditions may arise that may necessitate the performance of additional procedures; if I am unable to be reached via telephone the above procedures may not be performed. I authorize the doctors and staff to perform any life saving procedure deemed necessary in the event of an emergency. I certify that I am the owner or agent for the described animal and I authorized and requested the services listed on this form and discussed above. [Click here to enter text.](#)

By initialing below I have read and understood the following statements:

- My pet has not had any food since the previous night after 10 pm. [Click here to enter text.](#)
- I have indicated any additional services I would like to have performed on the above form, and understand that there may be additional costs with such procedures. [Click here to enter text.](#)
- Dental cleaning or care, I authorize my pet's doctor to remove any teeth that need to be extracted for the health of my pet. [Choose an item.](#)
- I understand that pain and or anti-vomiting medications will be provided if deemed necessary by my pet's doctor. [Click here to enter text.](#)
- I understand, and accept, that when anesthesia is involved there are always inherent and mortal risks. [Click here to enter text.](#)
- I have discussed and understood the above medical or surgical procedure with my pet's doctor and or nurse and have been informed of risks involved in the procedure, and understand that there is no guarantee of a successful treatment. [Click here to enter text.](#)

By signing below, I consent to the administration of such anesthetics as deemed necessary. As a follow up to most surgical procedures, pain management medications will be dispensed at the discretion of your pet's doctor. I hereby certify that I have read and fully understand this authorization for surgical or medical treatment. I also assume full financial responsibility for all charges incurred by the patient and will pay in full at the time of release of the patient.

Signature: _____ **Date:** _____

**** The shelter coupon for spay/neuter does not cover the entire cost of the elective procedure**

I would like to be contacted when my pet is in recovery following their procedure in the following way:

- ☐ Phone call
- ☐ Email [Click here to enter text.](#)
- ☐ Text Message [Click here to enter text.](#)
- ☐ No contact is necessary