

Animal Medical Center & Spa
ANESTHESIA - SEDATION – SURGICAL RELEASE FORM

15703 SW 56 ST
MIAMI, FL 33196
TELEPHONE: (305) 222-7387 FAX: (305) 220-7387
WWW.AMCMAMI.COM

Date: _____
Patient: _____ Owner: _____
Breed: _____ Color: _____ Sex: _____ Age: _____

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the pet described above. I do hereby give Dr. Carmen Vazquez-Gonzalez her agents and/or representatives full and complete authority to perform the following procedure(s) on my pet:

I authorize a **microchip placement** on my pet. (\$44.99+ tax) **Circle one:** yes no
If needed, I authorize a **dental cleaning** to be done. (\$50 cats; \$75 dogs) **Circle one:** yes no

I hereby authorize Dr. Carmen Vazquez-Gonzalez, her agents and/or representatives to perform any emergency procedures that at her discretion may be necessary to maintain the well being of my pet. I hereby forever release the said doctor, her agents or representatives from any and all liabilities arising from performing such procedure(s).

We always recommend a pre-anesthetic blood screening to check kidney and liver function; these organs are the filters of the body and when malfunctioning your pet can have problems recovering from anesthesia, even death may occur.

Pre-anesthetic blood work prices range from \$75.12 to \$95.38 depending on the pet's age and health. I accept _____ I Decline _____

Upon arrival to our facility your pet will receive a comprehensive exam and a parasite check. If any contagious diseases and/or parasites are found they must be treated immediately. **This will be done at your expense and you will not be called to be advised of any additional charges. This is strictly enforced and is done to prevent infestations to other pets. However, some infestations are beyond our control; therefore we can not assume financial responsibility for any infestations or diseases that your pet may acquire while being boarded.

It is the owner's responsibility to pick-up their pets before closing time. **Pick-ups after closing will inquire an additional fee at a rate of \$1.00 per minute.** Any pet abandoned at our clinic (not picked-up as agreed and us not being able to contact the owner(s)); will be disposed as we may deem necessary after 14 days.

Contact number today: (_____) _____

I have read and understand all of the above and agree to all conditions.

Signed: _____
<first-name> <last-name>

Date: <date>