

Riverview Animal Clinic, P.C.

4640 Highway 280 South, Birmingham Alabama 35242
(205) 991-9580 FAX (205) 991-0805

Arthur Serwitz, DVM * Robert Wood, DVM * Alvin Atlas, DVM
Amy Tate, DVM * Chris Campbell, DVM * Natalie Wendling, DVM * Mary Battistella, DVM

ANESTHESIA, SURGICAL, AND MEDICAL RELEASE PLEASE READ CAREFULLY

Owner: _____ Client ID# _____ Date: _____
Pet's Name: _____ Sex: _____ Age: _____ Breed: _____ Color: _____

Procedure(s): _____

List any medications your pet is currently taking (including vitamins, etc): _____

When did your pet last eat? (Time/Day) _____

Has your pet ever had a seizure? (When) _____

Has your pet had previous anesthetic complications? (Please describe) _____

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the above described animal. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives, and/or anesthetics, as well as any necessary and appropriate medical, radiology, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised as to the nature of the procedures and the potential risks and understand that no guarantee of successful treatment can be made. I have been informed and am clear in my understanding of the fees associated with services to be performed.

All surgery patients are administered pain injections. Spay/neuter certificates do not cover the cost of these injections; they will be the responsibility of the owner. (Cost is approximately \$20.00-\$30.00). Pain injections will be administered at the discretion of the doctor.

I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full responsibility for all charges and services incurred to the described animal.

Signature: _____ Date: _____

In Case of Emergency: _____ Work: _____

Phone Numbers where we can reach you today: _____ Home: _____

List times available (if possible): _____ Cell: _____

Would you like to have your pet microchipped while under anesthesia? Your cost is \$49.99. This includes the price of chip implantation, one-time activation fee, and first year's membership fee. (See receptionists for multiple pet discounts.) **Yes or No**

Certificates for spay/neuters must be presented upon admission. Are you using one today? **Yes or No**

We require pre-anesthetic blood testing for all animals that will undergo surgery. The type of test is determined by the age and the health status of the pet. For a healthy pet, the standard categories are as follows:

0-3 years - Packed cell volume, total solids, done in-house, included in the cost of the procedure.

3 years and over - Complete blood count and serum chemistry profile, sent to an outside lab before the procedure, extra charges apply.

We have the capability to run an in-house serum chemistry profile, and offer it to clients who wish to have it completed, even though it may not be a required screening test. This will incur an additional charge of \$80.50. Do you wish this test to be performed? **Yes No**