

The Pet Wellness Clinic  
6315 FM 1488 Suite G  
Magnolia, TX 77354  
281-252-0780

**SURGICAL/TREATMENT RELEASE**

Pet's Name: \_\_\_\_\_

Contact # (1): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Contact # (2): \_\_\_\_\_

I hereby authorize and direct the veterinarians of The Pet Wellness Clinic to perform the procedures and additional diagnostic and/or treatment procedures as deemed necessary for my pet. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks in some of these procedures.

We recommend that pre-anesthetic blood tests be performed prior to the administration of anesthesia. These tests can help us detect anemia, dehydration, diabetes, kidney disease, liver disease, and other conditions. All of these conditions can contribute to complications in anesthesia and surgery. **Signature required.**

\_\_\_\_\_ **Accept**

\_\_\_\_\_ **Decline (In some cases, surgical procedures will not be performed without bloodwork.)**  
**Explain:** \_\_\_\_\_

I understand that for the protection of my pet and the hospital, my pet may need additional vaccinations prior to boarding for treatment or surgery.

If undergoing SURGERY, I understand that some circumstances and/or procedures will require my pet to receive fluids, additional pain medication, and antibiotics and I will be charged for those accordingly.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. Payment arrangements may be arranged with the hospital manager.

I understand and agree to all of the above terms and conditions.

Owner's Signature: \_\_\_\_\_

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