

ANIMAL WELLNESS CENTER OF LEWISVILLE

Informed Consent and Release Form

I hereby consent and authorize Animal Wellness Center of Lewisville to receive, prescribe for, treat, or perform the following procedures upon my pet(s):

By signing below I hereby agree that the procedures to be performed have been fully explained to my satisfaction and I understand that no promises have been made as to the outcome of the procedure.

I UNDERSTAND THAT PAYMENT IN FULL IS REQUIRED WHEN MY PET IS DISCHARGED FROM THE CLINIC.

____ I agree that the doctors and staff of Animal Wellness Center of Lewisville are to use all reasonable precautions against injury, escape, death or destruction of animal(s), but I agree to not hold them liable or responsible in any manner what so ever, on the account of care, treatment outcome of surgical procedures or safe keeping of the animal(s) described above, as it is thoroughly understood that I assume all risks.

____ I understand that Animal Wellness Center of Lewisville is not responsible should my pet damage or remove the surgical sutures, or incur any other complication(s) due to owner negligence or self inflicted injuries.

____ I understand that there will be additional charges should my pet(s) be in heat, pregnant, exhibit aggressive behavior, are cryptorchid (a retained testicle in males), for dentals: need tooth extractions, and/or antibiotics. These charges are to be determined in the professional opinion of the doctor.

____ I understand that if my pet(s) arrives at the clinic with external parasites (FLEAS, TICKS OR EAR MITES) Animal Wellness Center of Lewisville will treat my pet for said parasites at owner's expense.

____ In the case of abandonment, written notice will be sent to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be disposed of, or destroyed as deemed best and it is understood that doing so does not relieve me from paying all costs of services rendered, including the cost of keeping and disposing of said animal(s).

____ I have read and fully understand all discharge instructions for post-surgical care. Those instructions include but are not limited to (1) The pet owner will keep the E-collar on the pet for 14 days to allow healing and to prevent damage to the incision by the pet (2) The patient (your pet) will need confinement indoors for the next 14 days to allow the incision to heal (3) The patient (your pet) cannot be around any other animals including other dogs or cats for the next 14 days to prevent those pets from damaging the patient's sutures. **Male cat neuters do not have e-collars and confinement is overnight only.**

We offer HomeAgain Microchip implantation. More pets return home when microchipped. Enable your pet to be identified and returned home safely.

____ YES, I would like my pet to have a HomeAgain microchip implanted for no fee during the spay/neuter surgical procedure. **For all dentals or other procedures other than spay or neuter there will be a \$35.00 additional charge to implant a HomeAgain microchip.**

____ NO, I do not want the HomeAgain microchip implanted in my pet. If you decide to have the HomeAgain microchip implanted at a later date, there will be a charge of \$35.00.

Signature of Owner/Guardian: _____ Date: _____