



Tabetha Thompson, DVM

Sarah Crooke, DVM

6736 Quintette Road Pace, FL 32571
Phone: (850) 994-0900 / Fax: (850) 994-4174
nwfaception@yahoo.com

Anesthetic/ Surgery Release Form

Owner _____ Pet's Name _____

Breed _____ Sex _____ Altered Y/N Age _____

Telephone Number _____ Work Number _____

I hereby authorize the Northwest Florida Animal Clinic to perform the following procedure(s), _____ and authorize the performance of procedure(s) necessary and desired in the exercise of the veterinarian's professional judgment. I understand that I assume financial responsibility for all services rendered, and that payment is due in full on the day my pet is discharged. I understand and agree that all anesthesia and surgery involves a certain amount of risk to my pet. I further understand that results cannot be guaranteed, and I will not hold the Northwest Florida Animal Clinic liable. If any unforeseen medical or surgical needs arise, I hereby consent to any medications and supplies purchased or prescribed and understand that there will be an additional charge.

Yes No - Basic blood profile: recommended for both small and large animals of all ages.
Required for all pets over 5 years of age. (\$79 for small animals and \$81 for large animals)

*Our Veterinarians recommend the following services to further protect and safeguard your pet from possible unforeseen problems:

Yes No - Microchip Insertion: recommended to help identify your pet if they get lost (\$62)

Yes No - Parasite Screen (\$22) and/or Heartworm Test (\$33)

Yes No - Vaccinations (Price varies depending on vaccinations & packages.)

Yes No - Anti nausea medication. (Under 68lb-\$30, 69-100lbs-\$45, +101lbs-\$60)

Yes No - E-Collar (Cone) to help keep your pet protected from injuring themselves while healing.

Yes No - Other _____ .

Estimated Charges: _____ Initial: _____

Owner Signature: _____ Date: _____