

**SEAFORD VETERINARY MEDICAL CENTER
6627 GEORGE WASHINGTON MEMORIAL HWY
YORKTOWN, VA 23692-4890
(757) 833-6440**

**HOSPITALIZATION AND SURGICAL/DENTAL RELEASE FORM
(Please read carefully)**

I do hereby consent and authorize the **SEAFORD VETERINARY MEDICAL CENTER**, and its staff to hospitalize my pet (NAME): _____ and to administer vaccines, medications, tests, surgical procedures, anesthetics, or treatments that the Doctors deem necessary for the health, safety, or well-being of the animal while it is under their care and supervision. All animals are monitored for pain during surgery/dental: an injection for pain will be administered for the ease of pain that will last 12 hours post-op.

SURGICAL PROCEDURE(S) TO BE PERFORMED: _____

MEDICATION(S) CURRENTLY BEING TAKEN INCLUDING HERBAL SUPPLEMENTS: _____

TIME MEDICATIONS WERE LAST ADMINISTERED: _____

****PLEASE NOTE:** If your pet is dropped off for hospitalization/surgery/dental and has fleas, they will be treated appropriately and an additional charge will be added to your invoice. All dogs entering Seaford Veterinary Medical Center must be up-to-date on: Rabies, Distemper, Bordetella, Fecal test, and a current (within the past 12 months) heartworm test. Cats must be up to date on Distemper, Rabies, and fecal test.

*****WE STRONGLY RECOMMEND YOUR ANIMAL BE FITTED WITH AN ELIZABETHAN COLLAR (E-COLLAR) TO DISCOURAGE THEM FROM CHEWING/LICKING THE SUTURE AREA. THERE IS AN ADDITIONAL FEE FOR THE COLLAR.***** _____

ADDITIONAL SERVICES

(To be performed before/during/after surgery/dental)

PLEASE INITIAL NEXT TO THE SERVICES YOU WISH TO HAVE COMPLETED:

Nail Trim: \$11.00 _____ Heartworm & Tick Borne Disease Test: \$40.00 _____

Micro-Chip \$52.00 _____ Feline Leukemia/Immunodeficiency Test: \$44.00 _____

Biopsy of mass(es) removed _____
\$200.00 for 1 mass, \$300.00 for 2 masses, \$350.00 for 3 masses, \$380.00 for 4 masses.

Pre-anesthetic bloodwork is recommended for all pets, it is required for all pets 7 years of age or older. (\$165.00)

SEAFORD VETERINARY MEDICAL CENTER needs to make the owner/agent aware that with any surgical procedure there are risks, (including death), despite doing everything in our power to minimize the risks associated with anesthesia and surgery.

Signature of Owner: _____ Date: _____

If owner/agent wants to be called after surgery Please leave a phone number and name of the person being called: _____

Again thank you for choosing our hospital to care for your pet!