



# Animal Clinic of Rockford

## PROCEDURE RELEASE FORM

I authorize Animal Clinic of Rockford (including; ACR's doctors, employees, students and volunteers) to perform the procedure/s listed in my pet's medical record; as discussed with Dr. Patel during exam. The procedure/s has been explained to me and no expressed or implied guarantees have been made regarding the outcome. I understand that severe complications/allergic reactions have a risk of occurring during or following these procedures, although rare, may be fatal in some cases. I further authorize the Animal Clinic of Rockford to treat such complications/allergic reactions which may require hospitalization.

***I take full financial and legal responsibility for my pet/s.***

**\*\*Payment is due at the time of service unless arrangements have been made with Care Credit. We accept Cash, Care Credit, Credit/Debit cards. \*\***

**\*\*Checks only from established clients. \*\***

Pre-surgical options are explained in exam rooms before surgery, please read through the options and let ACR staff know which selections you'd like to make for your pet / state that you choose to decline these additional services. While none are required they are strongly recommended, no matter the choices; ACR will always take proper measures to provide relief to severe pain.

It will be explained to you that any animal having surgery needs to have food AND water withheld from 10:00PM the night before surgery until 8:00PM the night of surgery. This is critical for preventing infection and keeping the anesthetic risk as low as possible. **If your pet vomits food before surgery; antibiotics for at least 7 days will be required.**

My signature on my pet's medical record indicates that I have read and completely understand both the procedure and hospitalization release forms.

.....