



Kibby Park Animal Hospital, PC

3025 Kibby Road • Jackson, Michigan 49203
Phone 517.787.5807 • Fax 517.787.6277
kibbypark@live.com • www.kibbypark.com

Dr. Melissa Owings, DVM
Dr. Wendy Serino, DVM
Dr. Amanda Halsey, BVM&S

TREATMENT RELEASE FORM

In preparation for surgery, we request that all pets be fasted after 10:00 pm on the previous evening; water may be offered. Was your pet fasted as described above?

Yes _____ No _____

Is there any personal or medical information pertaining to your pet that you would like to share with us?

Yes _____ No _____

If you answered yes, please share this information below.

We require that hospitalized pets be up to date on all vaccinations, fecal exams, heartworm testing and preventive medication. We also check for fleas and treat pets if necessary. May we have permission to provide these services for your pet?

Yes _____ No _____

Our hospital uses the safest and most humane anesthetic and surgical methods available to perform procedures on your pet. We recommend presurgical laboratory work to enable us to detect and address any abnormalities and insure the best surgical outcome. The price of the labwork ranges from \$52 to \$102 depending on the age of your pet. May we perform these laboratory tests today?

Yes _____ No _____

Post surgical laser therapy is offered to help reduce pain and promote healing. Cost is \$15 for incisions and \$30 for declaws. Would you like us to perform this procedure today?

Yes _____ No _____

Microchips are available to provide a permanent way of identifying your pet if lost or stolen. These microchips are placed under the skin while your pet is anesthetized and the number can be detected with a microchip reader for the rest of your pet's life. The cost of this service is \$42 including the registration fee. Would you like us to perform this procedure today?

Yes _____ No _____

If your pet is a **FELINE**, we recommend testing for feline leukemia and feline immunodeficiency virus at least once in the lifetime of an indoor cat and annually in those cats that go outdoors. The cost of this service is \$42. May we have permission to perform this test today?

Yes _____ No _____

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Please list current medications your pet is on, other than heartworm and flea prevention and last dose taken.

I give permission for Kibby Park Animal Hospital to perform the procedure stated below on my pet. The doctors and staff will take all precautions to insure the best outcome for my pet. I agree to pay the fees associated with this procedure at the time of my pet's discharge from the hospital.

Signature _____ Date _____

Phone number to call today _____

Pet's Name _____ Procedure _____