

Allbrick Veterinary Clinic, L.L.C.

8700 Zuni Street
Denver, CO 80260
(303) 429-1400

SURGICAL AND DENTAL RELEASE FORM

This form applies to:

Allbrick Veterinary Clinic, L.L.C.

Mile High Veterinary Surgical Specialists
Hereafter referred to as MHVSS

I hereby consent and authorize the doctors of Allbrick Veterinary Clinic L.L.C. and MHVSS to

my pet _____.

Please answer the following questions:

Any coughing, sneezing, vomiting, or diarrhea in the past week?	Yes _____	No _____
When was the last time your pet was fed?	_____	_____
Has your pet been ill or injured in the past thirty (30) days?	Yes _____	No _____
<i>If yes, please bring to the attention of the administrating personnel at the front desk.</i>		
Is your pet allergic to any medications?	Yes _____	No _____
If yes, please list: _____		

I understand that if my pet is in for a dental cleaning and polishing, any loose and/or rotted teeth will be extracted and I will be responsible for a charge of \$7.00 per tooth, not to exceed \$28.00 even if more than four(4) teeth are removed. ***I understand that I will not receive a phone call prior to these extractions.***

I knowingly and voluntarily release the doctors, employees and volunteers of Allbrick Veterinary Clinic L.L.C. and MHVSS for any injuries, including death or escape, regarding my pet while it is in the custody of Allbrick Veterinary Clinic L.L.C. and MHVSS.

I realize that there is no guarantee as to the outcome of this surgery and accept the possibility of the following risks, which are not limited to: infections, bleeding, death, and any other surgical and post surgical complications that may arise. I will not hold the doctors of Allbrick Veterinary Clinic L.L.C. and MHVSS liable in any way for the outcome of this surgery or dental procedure.

By signing this document, I acknowledge that I have read its contents and understand them. I further acknowledge that I am at least 18 years of age and that I freely and voluntarily signed this release form.

If you would like to receive pain medication for your pet after the procedure for a typical period of four (4) days at an additional cost, please check the appropriate response below.

Pain Medication: Yes _____ No _____

If you marked yes, please indicate any medications your pet is currently on:

I UNDERSTAND THAT THE CLINIC CLOSES AT 6 pm Mon-Fri and 4pm Saturday and Sunday and that I MUST pick up my animal by that time. *I understand I will not get a call with a pick up time, but I may call the clinic myself before 6pm for one.* If I fail to pick up my pet by the required time, I understand that there will be an additional boarding charge for each additional day spent in the care of Allbrick Veterinary Clinic L.L.C. and MHVSS.

Please Print Legibly

Print Name: _____

Signature: _____

Phone number where we can reach you today: _____

Date: _____