



Sherwood Family Pet Clinic – 20900 SW Olds Place Sherwood, OR 97140 – (503) 625-5664

Dr. Robert Merrill, Dr. Mark Schlimgen, Dr. Leticia Wustenberg, Dr. Christina Sitton, Dr. Kaitlyn Rudie, Dr. Natalie Lemire, Dr. Michelle Janik, Dr. Delany Kriz

## TPLO Release Form

Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_

Best Number Where I Can Be Reached Today \_\_\_\_\_

TPLO Surgery To Be Performed On \_\_\_\_\_

**Clinic Policy:** If your pet is unvaccinated or overdue for vaccines, we will immunize or reschedule the appointment to prevent intra-hospital infection. If your pet cannot receive vaccinations due to health reasons, your pet will be housed in our isolation ward for their protection and for the protection of other pets in the hospital.

**There will be a charge for any pet housed in isolation.**

If fleas or flea droppings are found on your pet, we will treat with an appropriate flea medication.

**There will be a charge for administered flea medications.**

**Permanent Identification Microchip:** A microchip implanted under your pet's skin carries a unique number which can be read with a scanner. This number can be traced back to you so your pet can be reunited should it become lost. We recommend microchips for all pets.

\_\_\_\_ My pet already has a microchip. \$58.00

\_\_\_\_ Yes.

\_\_\_\_ No.

**Nail Trim:** Trimming toenails under anesthesia is easier and less stressful for your pet.

\_\_\_\_ Yes. \$10.50

\_\_\_\_ No.

I certify that I own the above animal, or am responsible for it, and I hereby consent and authorize the Sherwood Family Pet Clinic veterinarians and staff to medicate, treat and hospitalize my animal. I have been advised as to the nature of the procedures or operations and the risks involved and have had the opportunity to have any questions answered. I acknowledge that no assurance or guarantee has been made except reasonable precautions against injury or escape and that risks and probabilities of complications exist in any surgery, anesthesia or medical treatment. I certify that I am the responsible party for the above animal and assume all financial responsibility.

**PAYMENT IS DUE IN FULL AT TIME OF PATIENT DISCHARGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_