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**ANIMAL ONCOLOGY
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Anesthesia, Sedation, Special Procedures Release Form

Client Name: _____

Pet's Name: _____

Today's Date: _____

Procedure: _____

Best Contact Number: _____

Please Initial Below:

- This release form is to clarify that I have been given an estimate upon request for services to be performed on my pet today.
- I also realize that my pet may have pre-existing conditions and that there is always a risk involved with sedation, general anesthesia, special procedures and/or surgery with complications up to and including death.
- Special procedures may include:
 - Chemotherapy
 - Intralesional Therapy
 - Cryotherapy
- I will not hold Animal Oncology Consultation Service/Pawspice, doctors or staff responsible for complications during or after the specified procedure provided for my pet.
- I understand that payment in full is due at time of discharge.

Estimated Total: _____ Date: _____

Owner Signature: _____

Staff Member Signature: _____