Staff Che	ck list:	
Phone#□		
Vaccines	□ IVC	
Other 🗆	P/U 🗖	PR□

Cornell Center Animal Hospital 16155 NW Cornell Rd. * Suite 800 * Beaverton, Oregon 97006 (503) 645-1564 * FAX 1-888-611-8838

Hospitalization & Surgical Release

Own	er/Authorized Agent	Pet's Name	
Phon	ne Number(s) (In case of emergency)		
Туре	of Surgery		
proce	doctors and staff use only currently accepted edures involving anesthesia. Our goal is to ke but any additional information regarding y	eep those risks to a minimum. Th	ave been proven safe. There is always some risk with any ne doctors at Cornell Center Animal Hospital do a routine aking a sound pre-surgical evaluation.
Chec	alth information k appropriate box if you have noticed any all omiting Diarrhea Diarrhea Abnormal I		in the past two days. Coughing Other
We re is add to you	ecommend blood screening test to evaluate ministered to your pet. Our hospital laborate ur pet being anesthetized. (Please initial on 71.75	ory is fully equipped to perform	as the liver and kidneys, are functioning before anesthesin these tests. Results will be available to your doctor prior
□ x	Yes No, I understand the recommendation, but decline. No, I have had blood work done in the last two weeks.		
The	following procedures are availab	ole at additional cost ar	nd our staff can provide an estimate.
	Avid Microchip	Heartworm Test	Leukemia/FIV Test (for cats)
	\$64.10	\$42.25	<i>\$72.25</i>
	Vaccinations	☐ Flea Control	☐ Ear hair removal
	Anal Gland expression	Nail Trim – FRE	E!! Ear flush
I have respo	PAIN RELIEVERS as neede e fully read this form and realize that with an	e interested, please check pertine ed. by type of surgery there is risk in e, during or after my pet's surger	SEDATIVES as needed. volved. I will not hold Cornell Center Animal Hospital ry. I further realize that I am responsible for payment
Own	er's Signature		//