PRO PET FIX (877)PET-FIX2
2407 E. Orangethorpe Ave. Fullerton, CA 92831 www.propetfix.com

RABBIT Anesthesia & Surgery Authorization

Your Name: ______________________________ Address: ______________________________

Rabbit's Name: ______________________________ City/Zip: ______________________________

☐ Male ☐ Female Color ________________ Home Phone: ______________________

Type / Breed: ______________________________ Cell Phone: ______________________

Pet's Birthdate or Age: ______________________ Email: ______________________________

Has your rabbit eaten this morning? ☐ No ☐ Yes How long have you had your rabbit? ____________

Any signs of illness recently? ☐ No ☐ Yes Eating and drinking normally? ☐ No ☐ Yes

Any past or present medical problems? ☐ No ☐ Yes – explain ______________________________

How did you hear about us? ____________________________________

Check here to add today: ☐ Nail Trim $7 ☐ Microchip $40
☐ Revolution (Flea Treatment) ☐ Take-home pain medication $12

Carefully read and understand the following before signing your name.
I, acting as owner or agent of pet named above, authorize Pro Pet Fix to perform an operation for surgical sterilization of the pet named above. Although every effort is made to make this procedure as safe as possible, **Rabbits in particular are more sensitive to anesthetic agents**, and there are inherent risks with anesthesia and surgery that may include the possibility of death.

Please follow up with us for any post-operative concerns. Services provided by other veterinarians will not be reimbursed under any circumstances.

I understand that these additional charges may apply:
_____ **Pets not picked up by closing: $20 late fee**
_____ **Pets left overnight: $40 fee per pet**

There is no staff on the premises overnight. **Payment must be made before your pet can be released.** Animals left more than 3 days will be surrendered to animal control.

I hereby release Pro Pet Fix, all veterinarians, assistants, volunteers, and employees from any and all claims arising out of or connected with this procedure or any adverse reactions from vaccinations or medications. I agree to indemnify and hold Pro Pet Fix harmless for any damages caused during the care/transport of the animal, or for any damages caused by unforeseeable events including fire, vandalism, burglary, extreme weather, or natural disasters.

Signature ____________________________________ Date ______________

Print Name ____________________________________

FOR CLINIC USE	WEIGHED BY		Weight:	CHECKED IN BY	