

**Anesthesia and Procedure Release Form**

Date\_\_\_\_\_

Owner Name\_\_\_\_\_ Pet Name\_\_\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Age\_\_\_\_\_

Contact Phone Number(s)\_\_\_\_\_

Procedure(s) to be Performed\_\_\_\_\_

What time did the patient eat **anything**?\_\_\_\_\_ Drink?\_\_\_\_\_

When was the patient vaccinated against: \* Rabies\_\_\_\_\_

\*DHLPP or FVRCP\_\_\_\_\_

\*Bordetella (Dogs only)\_\_\_\_\_

\* Leukemia (Cats only)\_\_\_\_\_

Heartworm Tested\_\_\_\_\_

**\*(Pets that are overdue for vaccines are required to be made current during the time of the procedure).**

Is your pet currently taking any medications? If yes, please list medication and dosage.\_\_\_\_\_

Is your pet showing any signs of illness? (Coughing, vomiting, diarrhea, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list all of the pets' previous surgeries.  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet had any previous reactions to anesthesia? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Please list any behavioral concerns we should be aware of (biting, timid, special handling, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list all belongings left with pet.  
\_\_\_\_\_  
\_\_\_\_\_

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia our veterinarian will do a physical exam. However, many conditions including those of the liver, kidney, and blood are not detectable to the naked eye. Therefore we highly recommend Pre-anesthetic bloodwork before any anesthetic procedure. (\$114.00)

I **DO** want my pet to have bloodwork \_\_\_\_\_

I do **NOT** want my pet to have bloodwork \_\_\_\_\_

Please check any other treatment you would like preformed today.

Nail Trim (FREE) \_\_\_\_\_ Heartworm Test (\$44.50) \_\_\_\_\_

FIV/FelV Test (\$36) \_\_\_\_\_ Heartworm Prevention (Ask for Price) \_\_\_\_\_

Flea/Tick Prevention (Ask for Price) \_\_\_\_\_ Express Anal Glands (\$10.50) \_\_\_\_\_

Microchip (\$63.99 including lifetime registration) \_\_\_\_\_

Would you like any additional treatments preformed on your pet today that have not already been listed?

\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION

I verify that I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand the hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand no staff will be attending my pet overnight (pets needing special care may be referred to a 24 hours hospital).

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_