



SURGERY/TREATMENT/ANESTHETIC RELEASE FORM
(Must be completed by owner/responsible party)

Client's Name: _____ Pet's Name: _____

Procedure(s) to be done: _____

Please answer the following questions:

1. Phone number where you can be reached TODAY: _____
2. Did your pet eat this morning? YES NO
3. Is your pet allergic to any drug? YES NO Not that I am aware of _____
4. Would you like pain medication to take home? YES or UP TO Doctor NO
5. If your pet is getting a dental and needs teeth extractions, do we have permission to extract them? YES NO
6. Date and location of last vaccination _____

VACCINATIONS MUST BE CURRENT, WITH PROOF OF VACCINATION BY A LICENSED VETERINARIAN ON FILE, AT ADMISSION. IF VACCINATIONS ARE NOT CURRENT OR PROOF NOT PROVIDED, THE DOCTOR WILL VACCINATE AT THE CURRENT CLINIC PRICE.

Pre-Operative Blood Analysis Cost is \$28.00

We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys or blood are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For this reason, we recommend blood work before anesthesia. *Based on the doctor's opinion blood testing may be required and not optional for some pets.*
PLEASE INITIAL:

_____ Yes, I want the blood work done. _____ No, I don't want the blood work done.

****IF YOUR PET IS OVER 7 YEARS OLD, THE BLOODWORK WILL BE REQUIRED PRIOR TO ANESTHESIA.****

Intravenous Fluids (IV Fluids) Cost is \$30.00

IV fluids given during surgery help to maintain normal blood pressure while anesthetized, allowing all vital organs to receive the blood they require to function properly. Due to the risk of any anesthesia /surgical procedure, we highly advise IV fluids for any age animal. *Based on the doctor's opinion fluids may be required and not optional for some surgeries and some pets.*
PLEASE INITIAL:

_____ Yes, I want IV fluids used. _____ No, I don't want IV fluids used.

****IF YOUR PET IS OVER 7 YEARS OLD, IV FLUIDS WILL BE REQUIRED DURING SURGERY.****

I hereby consent and authorize Anderson Animal Clinic and its veterinarians to hospitalize, prescribe for, treat, x-ray, anesthetize or operate on the above listed patient, of which I am the owner or duly authorized agent for the owner. The doctors are to use all reasonable precautions against injury or escape of the above mentioned animal and to perform all necessary procedures with reasonable care and diligence, all in a professional manner in keeping with the standards of veterinary practice. I agree to the proposed general anesthesia, surgery, and/or treatments. I am to be informed of any **MAJOR** change in the proposed surgery/treatment plan, the above animal's condition or charges. I understand that unforeseen conditions may be revealed that necessitate an extension/change in the above procedures.

I authorize the use of appropriate anesthetics and other medications. I also understand that anesthetics and surgery do present a risk to my pet's life and I accept that risk. I have been advised as to the nature of the procedure/operation and the risks involved. I realize that results cannot be guaranteed. I also authorize the clinic staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet. I understand that I assume full financial responsibility for all services rendered.

I understand the clinic staff is not on the premises 24-hours a day to attend to hospitalized patient.

I certify that I have read the above and execute my consent by signing below.

Owner/Owners Agent Signature: _____ Date: _____

Phone # _____