

ANESTHETIC/SURGICAL RELEASE FORM:

Client: _____ **Patient:** _____ **Age:** _____ **Sex:** _____ **Date:** _____
Breed: _____ **Color:** _____ **Phone\Contact number for today:** _____

Please read carefully and sign.

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anesthetic profile (a combination of blood tests) be performed prior to anesthesia. The tests we recommend are similar to and equally important as those your own physician would run if you were to under go anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

We, therefore, recommend the following additional lab tests:

Please initial

Level I testing: For pets up to five years of age.....\$92.00 _____

Level II testing: For pets over five years of age.....\$135.00 _____

Pre-anesthetic lab work already performed..... _____

I do not want any additional lab tests for my pet..... _____

Additional Services Available (Please check if desired)

Microchip I.D. Flea Control Products None(initial): _____
Heartworm Prevention Vaccinations

Additional Services: _____

I am the owner or agent of the animal described above and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) and/or operation(s).

I understand that during the performance of the forgoing medical procedure(s), unforeseen conditions may be revealed that necessitate and extension of the procedure(s) or different procedure(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarians' professional judgment. I also authorize the use of appropriate anesthetics, and other medications, and understand that hospital support personnel will be employed as deemed necessary the veterinarian. I have been advised as to the nature of the procedure(s), the risks involved, possible alternative methods of treatment, and realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

X _____
Signature of owner or agent