

Admitted by: _____

ANESTHETIC RELEASE FORM

Owner Name: _____ Pet Name: _____ Microchip: _____

I hereby authorize Dr. Woolley or Dr. Stewart and whomever they may designate as their assistants to perform the following procedure(s); operation(s) or radiograph(s):

Procedure(s): _____

It has been explained to me that conditions may arise during this procedure whereby a different procedure or an additional procedure may need to be performed, and I authorize my veterinarian to do what he or she feels is needed and necessary.

PLEASE INITIAL:

In the event that dental extraction(s) be deemed necessary by the attending veterinarian:

_____ I do give permission (if unable to reach me) to remove any teeth in question, and I Understand, that I will be responsible for all charges associated with such extraction(s).

_____ I do not give my permission to extract any teeth without my consent.

I have been advised as to the nature of the procedure and the risks involved. I understand that complications including but not limited to infection, cardiac arrest, and death could result. I acknowledge that no guarantee has been made as to result or cure.

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, we will always perform a physical examination, and the following pre-anesthetic laboratory tests.

I. PRE-ANESTHESIA BLOOD SCREEN:

This test checks for liver, kidney problems, anemia, dehydration and hyper/hypoglycemia, which may interfere with the processing of anesthesia through the body. Not only will this test help us identify an existing problem; it will allow us to adjust our anesthetic protocol if a problem is detected. It will also be very helpful to use as a baseline for future visits as your pet ages. For these reasons, we require that all patients receive these tests prior to all anesthetic procedures. If your pet has received a normal blood profile within the last 30 days, these tests may be waived.

PLEASE INITIAL:

_____ I have read and understand the above stated anesthetic protocol.

II. ELECTROCARDIOGRAM (ECG):

This procedure checks for certain heart problems. Any heart condition can complicate surgery. For this reason, we require that all patients receive this test prior to all anesthetic procedures. The cost of this test is \$35.00.

PLEASE INITIAL:

_____ I, have read and understand the above stated electrocardiogram (ECG) protocol.

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III. PAIN MANAGEMENT:

Our staff not only cares about the care and comfort your pet receives here at our hospital, but also the comfort they are in at home. Over the past few years, we have been learning through research, that even though your pet may not display pain like you do, they still experience it. We will medicate your pet prior to and after surgery and, pain medication(s) will be sent home for your pet.

PLEASE INITIAL:

_____ I have read and understand the above stated pain management protocol.

IV. MICROCHIP ID NUMBER:

Pets lose collars; tattoos may fade or become illegible. Each year thousands of pets that did not have proper identification lost their lives in shelters. We encourage microchipping as a way to get your pet home to you if lost. All local animal shelters and most veterinary hospitals scan lost pets for microchips. The chip is also internationally recognized. The microchip is placed between the shoulder blades in dogs and cats and in the breast muscle of birds. The pets do not notice it once placed. If this procedure is done at the time of surgery the cost is \$31.00 if done during a regular visit, the cost is \$39.93.

PLEASE INITIAL YOUR INTENTIONS:

_____ YES, I would like my pet to have the HomeAgain Microchip.

_____ NO, I would not like the HomeAgain Microchip at this time.

*Your pet must be free of external and internal parasites (Fleas, Ticks, & Worms). If parasites are found during the admission exam your pet will be treated with a safe topical insecticide and bathed if needed. You will be charged accordingly.

CLIENT INTIALS: _____

*Please be advised that some pets may require the use of an Elizabethan collar to prevent self injury and it will lessen the probability that your pet may remove his/her catheter, IV line, sutures. bandage, etc. If your pet requires an E-Collar you will be charged accordingly.

CLIENT INTIALS: _____

I understand that all radiographs taken by Family Pet Hospital are sole property of Family Pet Hospital. They may be released to a requesting veterinarian, provided he/she completes and returns the radiological release form provided to him/her from Family Pet Hospital.

I realize that I am responsible for payment for the above procedures and treatments in full at the time my pet is discharged.

OWNER'S SIGNATURE

DATE

DAYTIME OR EMERGENCY PHONE NUMBER AND/OR CELL PHONE