

Anesthetic Procedure Release Form

Owner Name: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_

Best Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

Procedures to be performed:

\_\_\_\_\_

Is your pet microchipped? Please circle one: Yes or No - If No, would you like us to microchip your pet today? (Fee \$52) Yes or No

I certify that I am the owner/guardian of the pet(s) named above. I also certify that I am over the age of 18 and have the authority to execute this consent to the above procedure(s).

I understand with an anesthetic or surgical procedure there is an inherent amount of risk involved to my pet. (We strive to reduce as many risk factors as possible to ensure as safe recovery of your pet. This is done in part by giving your pet the utmost care and monitoring during any given procedure). I also understand there are no guarantees given or implied as to the outcome of the above procedures.

Pre-Anesthetic Lab Screen Waiver

Prior to going under anesthesia, we recommend that all our patients have a pre-operative blood panel. Our in-house laboratory can perform this test prior to surgery to detect underlying potential problems with the liver, kidneys and other body systems that cannot be discovered with a physical exam.

Comprehensive Panel \$125

Chem 10 Panel \$94

No Bloodwork Needed

Signature: \_\_\_\_\_

Preventative waiver:

I understand that if my pet is found to be carrying any external parasites during their procedure that my pet will be given a preventative at an additional charge to me. (Usually around \$15 depending on weight.)

Signature: \_\_\_\_\_

PLEASE LET THE RECEPTIONIST KNOW IF YOUR PET IS ON ANY MEDICATIONS.