

Hospital Procedure, Anesthesia & Medical Authorization Release Form

Client's Name _____	Date _____	
Pet's Name _____	Age _____	Sex M CM F SF
Procedure(s) _____		

The last time my pet ate ANYTHING AT ALL was:

Date _____ Time _____

Has your pet had **aspirin or any other medicine or supplements** within the past 7 days?
YES or NO

Which medication/supplement(s) _____

What dose & strength _____ When? _____

How many tablets, capsules, or ccs were administered? _____

Does your pet find it particularly distressing when away from home as when at a boarding facility? YES or NO

Is your pet crate trained or used to being in a crate? YES or NO

Has your pet had a history of aggressive licking or chewing surgical incisions or wounds?
YES or NO

Do you anticipate that there will be any problems keeping your pet in a clean, dry area during the entire recovery (typically 14 days)? YES or NO

Do you anticipate that there will be any problems keeping your pet reasonably quiet during recovery? YES or NO

Do you have any questions for the surgeon this morning? YES or NO

Has your phone number or address changed since you last visited our practice? YES or NO

Has your pet ever had a past anesthetic even that you thought went poorly? YES or NO

I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit

this pet, perform the above described procedures, and administer medications, anesthesia, surgical procedures, tests and or treatments that the doctors deem necessary for its health, safety and wellbeing while under their care and supervision. **I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made.**

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

_____ Printed Name _____ Signature of Owner or Authorized Agent

In case of an emergency I can be reached at: Home: _____

Work: _____ Cell: _____

Are we allowed to send text messages to your cell phone: Yes No

YOU MUST PROVIDE A NUMBER WHERE YOU CAN BE REACHED IMMEDIATELY IN THE UNLIKELY EVENT AN EMERGENCY WITH YOUR PET SHOULD ARISE.

If your pet is undergoing an anesthetic procedure, rest assured that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications. Nevertheless, some obscure conditions can be detected only by diagnostic testing. Because of this, we recommend various pre-anesthetic screening tests. This testing is required for pets 6 years of age and older.

Complete blood count, chemistry panel and electrolytes: \$115.50
I have been advised of this additional cost and consent to having these tests performed.
Please initial here YES _____ NO _____

As an option to detect abnormal electrical activity in the heart, an ECG can be performed.
The cost for this test is \$74.75
I consent to have the optional ECG screen test performed on my pet.
Please initial here YES _____ NO _____

Large breed dogs often suffer from a painful and disabling condition called hip dysplasia. Once diagnosed, medications, physical activities or surgeries can be prescribed or performed to improve your pet's comfort level. We are able to screen for this condition while your pet is under anesthesia. If you consent, a pelvic examination, manipulation and radiographs will be performed on your pet.
The cost of the procedure is \$129.50 (general radiograph) _____ OFA \$219.50 _____ I consent to have this procedure performed – please initial YES _____ NO _____

Small breed pets often suffer from retained deciduate (baby) teeth after their adult teeth grow in. This condition creates overcrowding of teeth, retention of food or other debris between the teeth, and tarter buildup. This, in turn, leads to bad breath and damage to

gums and adult teeth. We strongly recommend that these deciduate teeth be extracted while your pet is under anesthesia to avoid future complications. The cost for this procedure varies based the number of teeth extracted but usually ranges from \$30.50 to \$50.50 per extraction.

If my pet has this condition I consent to have this procedure performed – please initial
YES _____ NO _____

Microchipping pets involves inserting a tiny rice-like microchip under your pet’s skin. This chip then holds your pet’s identity for life. If your pet is ever lost and a local shelter or veterinary practice finds it, the law requires that all pets be scanned for a microchip before they are adopted out or euthanized.

The cost for this procedure is \$65.50 which included the first annual registration fee.

I agree to have a microchip inserted – please initial YES _____ NO _____

Signature of Owner or Authorized Agent

Date