

# Anesthesia Release Form

\_\_\_\_\_  
Client

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

## **PLEASE READ CAREFULLY AND SIGN**

Although Town and Country Veterinary Hospital takes every precaution and uses up-to-date monitoring devices, I understand that there are always potential risks using anesthesia or performing surgery on an animal. I further understand even with extreme care, rare adverse reactions, which are unpredictable, may occur with any sedation procedure. These reactions may include cardiac arrest, respiratory arrest and death. **X**\_\_\_\_\_

**Initials**

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia and/or surgery today. Before putting your pet under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes and/or kidney or liver disease, which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that your pet's health changes.

Your signature below indicates that you have read and understand the information above. It also gives us your permission to sedate your pet if necessary for treatment.

Please only check and sign one option below:

- Please complete the blood work you recommended prior to surgery/anesthesia on my pet. If abnormalities are found, please contact me at the phone number.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Phone Number

- I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I understand there are always potential risks when using anesthesia or performing surgery on an animal.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Phone Number

# PATIENT SURGERY INFORMATION

---

**Last Name**

**First Name**

**Patient's Name**

Today's Contact Number \_\_\_\_\_ where we may readily contact you today if further information is required.

What type of surgery is your pet scheduled for today?

---

Has your pet eaten within the last 12 hours?

Yes  No

Have you given any medications to your pet today?

Yes  No

We highly recommend a pre-anesthetic blood panel to test your pets' ability to metabolize and eliminate the anesthetic. Do you want the pre-anesthetic blood panel?

Yes  No  (Available at additional charge)

Pets experience pain/discomfort for approximately 3-5 days after surgery. We strongly recommend a prescription pain reliever as a very effective way to limit your pet's discomfort. Do you want pain medication for your pet?

Yes  No  (Available at additional charge)

If sutures are required, we strongly recommend that your pet wear an e-collar until sutures are removed in 14 days. This may prevent your pet from causing damage to the incision area and incurring additional treatment costs. If an e-collar is declined the additional treatment costs will be the responsibility of the owner. Do you want an e-collar to take home for your pet?

Yes  No  (Available at additional charge)

If your pet is having a lump removed today we recommend that the lump be sent to the lab for histopathology (identification). We will have results in 5-7 **business** days.

Do you want the histopathology to be performed (see estimate for additional fee)?

Yes  No

Is your pet current on vaccines (including kennel cough)?

Yes  No

Do you give permission to perform dental extractions, including deciduous teeth, if deemed necessary?  
(Charges will vary)

Yes  No

Would you like your pet Microchipped today? (Available at additional charge)

Yes  No

**If your pet is being spayed there will be an additional charge if she is IN HEAT or OBESE at the time of surgery. This additional charge is due to the increased surgery time required.**

Signature \_\_\_\_\_ Date \_\_\_\_\_