ANESTHESIA / SURGICAL RELEASE FORM

I am the owner (or owner's agent) of _____ .

I understand that I am authorizing performance of the following procedure(s): _____ .

EMERGENCY CONTACT NUMBER: _____

Administration of fluids during anesthesia: yes [_____] no [_____] if necessary

I would like the following additional elective procedures performed:

__X__ Nail trim (**FREE**) *completed with every procedure for staff safety*

_____ Vaccines (Rabies____)(Distemper Combo____)(Feline Leukemia____)(K-9 Lyme_____)(Bordetella_____)

_____ Pre-Anesthetic Radiographs – Two-View Series

_____ Pre-Anesthetic Blood Work – CBC/General Health/Blood Smear/T4

_____ Snap Test (K-9 - 4Dx____) (Feline - Triple____)

_____ Sample submission to lab for accurate diagnosis

_____ Dewormer (by weight)

_____ Ear Mite Check & Treatment (by weight)

_____ Ectoparasite Treatment ex. hw/tick/fleas/mites (by weight)

_____ Microchip

_____ Tattoo

_____ Ear flush/clean

_____ Ear cytology

_____ Umbilical hernia repair

_____ Removal of retained baby teeth (per tooth)

_____ Dewclaw Removal (per foot)

_____ Other: _____

__X__ Additional pain relief meds as needed (by weight)

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarians and hospital's control.

*There will be an additional charge for animals that are in **heat or pregnant or excessively overweight** and are undergoing a spay/neutering surgery.*

*Every patient undergoing spay/neuter procedures will have a **green line tattoo** placed beside their surgery site. This is a standard of care to identify your animal as being altered to prevent them from future unnecessary surgery.*

Signature: _____