

ANESTHESIA RELEASE FORM

PET NAME: _____

OWNER NAME: _____

The following are recommendations from the veterinarian that help make your pet's anesthesia and surgical procedure as safe as possible. Please initial/indicate below if you would like us to perform these procedures while your pet is in our care. Failure to indicate will result in these services NOT being performed. These procedure costs are IN ADDITION to the surgery procedure cost. All services listed are IN ADDITION to any surgical fees.

PRESURGICAL BLOODWORK: We recommend testing your pet's kidney (BUN/Creatinine), Liver function (ALT, ALP), blood glucose level, total protein, and a CBC (complete blood count) prior to undergoing anesthesia. If there are any abnormalities, you will be contacted prior to surgery. If you cannot be reached, sedation and surgery will be performed at the doctor's discretion. The cost for this service is **\$88.94**.

ACCEPT BLOODWORK _____

DECLINE BLOODWORK: _____

IV CATHETER PLACEMENT AND FLUIDS: We recommend and IV catheter placement and intra-operative fluids while your pet is undergoing anesthesia. These fluids help maintain your pet's blood pressure during the surgery and can help pets have a smoother recovery after surgery. The IV catheter also allows us venous access for emergency medications if a problem were to occur. The cost for this service is **\$19.75**. This is **REQUIRED** for any procedure(s) other than spay/neuter and if you elect for CPR.

ACCEPT IV/FLUIDS _____

DECLINE IV/FLUIDS: _____

Please list any **health problems** that your pet has currently or has had in the past. Also list any **medications** that your pet is currently taking (including monthly heartworm and/or flea medication). _____

Anesthesia/Sedation Authorization

I understand that my pet is undergoing general anesthesia for the following procedure: _____. I understand that there is an inherent risk with anesthesia. A mild to severe reaction can occur with sedation and anesthesia, including death. If a reaction to anesthesia occurs, I will not hold Spring Hill Animal Clinic responsible. ***If my pet is getting spayed or neutered today, I understand that my pet will receive an alteration tattoo.*** By signing below, I have read and agree to the above statements.

____ If unexpected complications arise and it is needed, I **WANT CPR** to be performed in an attempt to save the life of my pet. I understand that **CPR is an attempt to resuscitate my pet after he/she has arrested. CPR ranges from \$75-\$100. I agree to pay charges in full when my pet is dismissed from the hospital.** In the event this occurs, the veterinarian will contact the owner/authorized agent as soon as they are able. Charges only apply if CPR is performed. **If CPR is elected, an IV catheter will be required.**

____ If unexpected complications arise and it is needed, I **DO NOT want CPR** performed in an attempt to save the life of my pet. I understand that not performing CPR and not allowing the veterinarian to administer emergency medications can result in the death of my pet. There is no cost associated with not performing CPR.

Signature of Owner/Authorized Agent

I understand that if my pet has **FLEAS** or **TICKS**, my pet will be treated with a **CAPSTAR** for Fleas (\$5.83) or **Simparica** for **TICKS** (\$22.00) at my expense. _____ (owner must initial)

Office Use:

Ck in by: _____

Vax: _____

CC: _____