



ANESTHESIA RELEASE FORM

Date _____

Pet Name _____

Owner Name _____

PET HISTORY

Current Vaccinations

Cats

Yes No

- Rabies
 FVRCP
 FELV

Dogs

Yes No

- Rabies
 DA2P/Parvo
 Bordetella
 Leptospirosis
 Lyme

Yes No

- Is your pet on heartworm prevention?
 Has your pet been checked for intestinal parasites in the last 12 months?
 Did your pet eat this morning/evening?

Last meal time _____

- Is your pet allergic to any drugs?
 Has your pet had any illness or injury in the past 30 days?
 Is there a history of seizures and/or any previous anesthetic problems?
 Are there any current medications? If so please list here _____

Procedure(s) to be performed _____

Owner Release

For the enhanced protection of our patients, we recommend pre-surgical screening of **ALL** pets prior to administration of anesthetics.

Please initial your desires below:

I DO I DO NOT authorize the recommended Pre-surgical Blood Screen at a cost of \$85.00. I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service.

The veterinarian deems the pre-surgical screen as **MANDATORY** for your pet, today. The procedure will not be performed without this screening. The additional cost will be \$85.00.

I would like the veterinarian to place a 24 Pet Watch microchip on my pet at the time of surgery. The additional cost will be \$53.00.

I understand that all reasonable precautions against injury, escape, or death of my pet will take place in this hospital, The Pet Doctor. I understand that anesthesia and surgery always involves some risk to my pet and agree to hold The Pet Doctor harmless in the event of complications with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results of this procedure. In the event complications arise and I cannot be immediately contacted The Pet Doctor is directed to make the decision deemed best for my pet.

I have read the foregoing, understand what it says, and agree.

Signature _____

Owner/Agent

Date _____

Vaccination Decline

I understand that state law requires rabies vaccinations for all pets. I also understand hospital policy requires Distemper/Parvo and Bordetella vaccinations for dogs and Feline Distemper/Leukemia vaccinations for cats to be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can and will provide written evidence of a current rabies vaccination within 24 hours of notification to do so.

Owner/Agent initial _____

Veterinary Clinic where current Vaccines given _____

Phone number of Clinic _____