

ANESTHETIC/SURGERY RELEASE FORM

Owner _____ Pet's Name _____

Species _____ Breed _____ Sex _____ Altered Y / N Age _____

Phone Number for Today _____ Alternative Number _____

I hereby authorize the Animal Hospital to perform the following procedure(s):

_____ and authorize the performance of other procedure(s) or operation(s) necessary and desired in the exercising of the veterinarian's professional judgment. I understand that I assume financial responsibility for all services rendered, and that payment in full is due when my pet is discharged. I understand and agree that all anesthesia and surgery involves a certain amount of risk to my pet. I further understand that results cannot be guaranteed and I will not hold the Animal Hospital of Pensacola liable. If any unforeseen medical or surgical needs arise, I hereby consent to any medications and supplies purchased or prescribed and understand that additional costs will be my responsibility.

***Our high standard of veterinary care includes 1) pre-surgical physical exam 2) ultra-safe human anesthesia 3) IV catheterization 4) monitoring of the heart rate and blood oxygen 5) post-surgical exam.

Post-operative Pain Medication – We feel strongly about the need for appropriate pain management. The veterinarian will prescribe medication for extended relief of post-operative discomfort. I understand that I am responsible for any and all costs of post-operative pain management.

Pre-Anesthetic Lab work

_____ **Optimal Blood Profile** – recommended for all pets, *especially pets over 7 years of age*. \$***.00 (CBC, Albumin, Alkaline Phosphatase, Alanine Aminotransferase, Blood urea nitrogen, Creatinine, Total Protein, Total Bilirubin, Cholesterol, Calcium, Inorganic Phosphate, Amylase, Glucose, Electrolytes) Includes continuous electronic monitoring of blood oxygen levels.

_____ **Basic Blood Profile** – recommended for pets of all ages. \$***.00 (CBC/Alkaline Phosphatase / Alanine Aminotransferase/Blood Urea Nitrogen/Creatinine/Total Protein/Glucose/Electrolytes) Includes continuous electronic monitoring of blood oxygen levels.

Owner Signature

Date

****Optional Services Available** - Our veterinarians advise the following services to further safeguard your pet from possible unforeseen problems. **Please initial for additional services desired.**

_____ **Laser Surgery** – recommended for any surgery. Procedure is less painful, produces less bleeding. (Simple \$***.00; Intermediate \$***.00; Complex \$***.00. *Doctor will determine level of complexity for your pet's procedure.*)

_____ **Microchip Insertion & Registration** – recommended to identify your pet should they be lost. \$**.*

WAIVER of Optional Services Available

Owner Signature