

Anesthesia/Surgery Release Form

It is very important that you please take a moment to read and complete this form, so that we may better serve you and .Our receptionist will be happy to answer any questions you may have.

Thank You!

Name of Owner:

Name of Pet:

Patient ID:

Home Phone:

Age: Yrs. Mos.

Breed:

Sex:

**** Please provide a phone number where we may contact you (or someone authorized to make decisions for your pet) between 8am & 1pm today: _____**

Has your pet (circle appropriate choice) ...

had vomiting or diarrhea within the last 24 hours? Yes No

had any illness within the last 30 days? Yes No

had anything to eat this morning? Yes No

Is your pet (circle appropriate choice) ...

taking a heartworm preventative? Yes No

taking any other medication? Yes No please list: _____

allergic to any medications? Yes No please list: _____

current on his/her vaccinations? Yes No

Please indicate the procedure(s) for which Harley is being admitted: _____

For the protection of our patients, all pets are REQUIRED to have blood tests performed prior to anesthesia (PABT), and most pets will receive fluids during the procedure through an indwelling intravenous catheter to maintain blood pressure and prevent dehydration.

We are committed to minimizing discomfort. All patients undergoing a procedure that may cause some degree of pain are given analgesics (pain-killers) as necessary.

As a service to our clients, most pets undergoing anesthesia or sedation will receive a complimentary nail trim. Please inform the receptionist if you do NOT wish you pet to have this service. Sedation and anesthesia provide an excellent opportunity for placement of a Home Again microchip. If you are interested in this procedure, please discuss it with the receptionist.

Owner Authorization:

I understand that the treatment/surgery provided will be conducted with due care and in accordance with the prevailing standards of care in veterinary medicine, and that no guarantee of assurance has been made to the results that may be obtained through the course of treatment undertaken by Kindness Animal Hospital, its veterinarians, agents or employees.

Signature: _____ Date: _____