



Anesthesia Release Form

Owner Name _____

Pet Name _____

Age _____

Date _____

I give my permission to have my pet sedated if necessary for treatment. _____. (Initial)

Although My Pet's Vet takes every precaution and uses up-to-date monitoring devices, I understand that there are always potential risks using anesthesia or performing surgery on an animal. I further understand even with extreme care, rare adverse reactions, which are unpredictable, may occur with any sedation procedure. These reactions may include cardiac arrest, respiratory arrest, and death _____. (Initial).

Like you, we are greatly concerned with the well-being of your pet. Your pet is scheduled for anesthesia and /or surgery today. Before putting your pet under anesthesia, we will perform a full physical examination and pre-operative bloodwork. Bloodwork helps determine the presence of dehydration, diabetes, and/or kidney or liver disease. These tests are similar to those your own physician would run when you're to undergo anesthesia. The results of these tests may also be useful later to develop faster, more accurate diagnoses and treatments in the event they your pet's health changes.

In the event that your pet's blood work indicates it is unsafe for your pet to be sedated you understand you will be charged the cost of the bloodwork _____. (Initial).

****There will be an additional fee of \$50.00 applied on all female cats or dogs that are in heat or pregnant.****
**** There will be an additional fee of \$45.00 for all puppies who reach over 40lbs and on a Wellness Plan.****

- I would like my pet microchipped while anesthetized (\$45.00)
- Please express my pet's anal glands while anesthetized (\$24.95)
- clip nails (\$14.95) clip nails with dremel (\$30.95) show nail clip (\$35.00)
- clean ears (\$24.95)

If intervention is required during anesthesia to save my pet, please

Do not intervene, and please allow my pet to pass peacefully.

Provide life saving heroics that I understand I will have to pay for.

If I am unable to be reached please treat my pet until my invoice becomes higher than _____ (\$100.00 if blank). I understand My Pet's Vet will try every phone number I have provided prior to treating.

**** Payment is expected at the time services are rendered****

We accept cash, check, Visa, MasterCard, American Express and Discover

For delayed payment options we offer care Credit

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of My Pet's Vet to administer such treatment as in necessary and perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release

Signature of owner/agent _____ Date _____

