



Anesthesia Release Form

My Pets Vet Animal Hospital – San Antonio Texas - 9702 Huebner Rd, Suite 104

Client Name: _____

Patient Name: _____

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

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 pets blood work indicates it is unsafe for your pet to be sedated you understand you will be charged the cost of the bloodwork even though the procedure is not performed. (Initial).

Spay/Neuter Only: If my pet has retained deciduous teeth that need to be extracted, there will be an additional fee of \$14.95 per tooth. I acknowledge that there will be an additional fee of \$50.00 if my pet is found to be in heat or pregnant (female only). I also understand there will be an additional fee of \$45 if my pet weighs over 40 pounds, including those on a wellness plan. (Initial)

Although My Pet's Vet takes every precaution and uses state of the art monitoring devices, I understand that there are always potential risks using anesthesia or performing surgery on an animal. I further understand that even with extreme care, adverse events may occur with any sedation procedure. These may include cardiac arrest or respiratory arrest and could potentially be fatal. (Initial).

ADVANCED DIRECTIVE

In the event my pet has a medical emergency and requires cardiopulmonary resuscitation (CPR), I understand that My Pets Vet will contact me as soon as possible, but if immediate action is required, (emergency medications and/or other interventions) please:

[] Perform CPR (and accept any cost associated)

-or-

[] Decline CPR

Please check one, and note that we will administer CPR unless it is declined.
If the staff is not able to contact me in a reasonable time after CPR has begun, I allow the staff to exercise medical judgement and cease further CPR procedures. _____(Initial)

Please check off any additional services you would like to have completed during your pets appointment today. Microchip (\$45.00) Nail trim (\$14.95) Nail trim w/ Dremel \$30.95 Clean ears (\$24.95) Anal Gland Expression (\$24.95)

Payment is required 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 is necessary and perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I assume financial responsibility for all charges incurred as discussed above, and agree to pay all such charges at the time of release.

Signed Owner: _____

Contact Phone Number: _____

Date: _____