



Date: \_\_\_\_\_

## Anesthesia Release Form

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my permission to have my pet anesthetized/sedated for necessary treatment. Initial \_\_\_\_\_

Although My Pets 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 \_\_\_\_\_

**\*\*I would like my pet microchipped while anesthetized (\$51.95 ) \_\_\_\_\_ (will be registered)\*\***

### **DENTALS (skip for other procedures):**

1) I authorize the veterinarian to perform any necessary dental extraction on my pet. I understand extractions cost \$18-\$157 per tooth depending on difficulty. Initial \_\_\_\_\_

2) I authorize veterinarian to extract teeth up to the following amount \_\_\_\_\_. I need to be called before any additional costs are incurred. Initial \_\_\_\_\_

3) I request the veterinarian call before any dental extractions are performed. I understand that if I decline extraction of diseased teeth against medical advice, then my pet may be at risk of later complications, like infection, which could require additional costly procedures. Initial \_\_\_\_\_

### **BABY TEETH:**

Baby teeth (deciduous teeth) should fall out when the adult teeth come in. If this does not happen, it can result in a condition called retained deciduous teeth, where both baby teeth AND adult teeth are present. This leads to tooth crowding and early onset of dental problems. We recommend that any deciduous teeth present after 6 months of age be removed while under anesthesia, to prevent future dental issues.

1) I authorize the veterinarian to remove any retained baby teeth during anesthesia. Cost is \$19.20 per tooth. Initial \_\_\_\_\_

2) I do not authorize removal of deciduous teeth. I understand this could potentially lead to dental complications later in life. Initial \_\_\_\_\_

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

We accept Cash, Visa, Mastercard, American Express, Discover and Care Credit

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of My Pets 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 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: \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT NUMBER:** \_\_\_\_\_