



Date: _____

Sedation/Anesthesia Release Form

Owner Name: _____
Phone Number: _____ Second phone number: _____
Pet Name: _____
Date: _____

Last food and water given: _____

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)

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, if approved, we will perform a full physical examination and pre-operative bloodwork. Blood work helps determine the presence of dehydration, diabetes, and/or kidney or liver disease. The results of these tests may also be useful later to develop faster more accurate diagnoses and treatments for your pet's health.

In the event that your pet's bloodwork indicates it is unsafe for your pet to have anesthesia or sedation, you will be contacted to discuss the findings and will be charged the cost of bloodwork _____ (initial)

**** an additional fee of \$60.00 applied on all female cats or dogs that are in heat or pregnant****

I would like my pet microchipped while anesthetized (\$49.50) _____ (the chip will be registered)

Please express my pets anal glands while anesthetized (\$16.45) _____

Please trim my pets nail while anesthetized – (FREE) _____ WITH DREMEL (33.39) _____

Please clean my pets ears while anesthetized (16.45) _____

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

1. Call first before administering additional care. I am aware this could cause delayed treatment and results in severe complications/death of my pet. _____ (initial)
- OR-
2. Provide life saving medications and procedures that will help my pet. These medications/procedures will have additional cost associated with them _____ (initial)
- 3.

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

We accept Cash, Check, 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: _____