

Anesthetic Safety Package and Release Form

Patient's Name: _____
Age: _____ Breed: _____
Sex: M F Spayed/Neutered: Y N

Owner's Name: _____
Date: _____
Surgical Procedure: _____

Would you like us to perform the following:

Nail trim under anesthesia? (\$5.00)	Yes	No
Place a Home Again Microchip? (\$50.00) (Incl. registration)	Yes	No
Express Anal Glands? (\$15.00)	Yes	No
Clean your pet's ears? (\$14.00)	Yes	No
Feline Leukemia/FIV/HW test? (\$41.50)	Yes	No
Canine Heartworm Test? (\$22.00)	Yes	No
Examination of your pet? (\$40.00)	Yes	No
Fecal Parasite examination? (\$21.00)	Yes	No

Other procedures _____

Medical History:

Does your pet have a heart condition?	Yes	No
Does your pet have diabetes?	Yes	No
Is your pet in estrus, pregnant, or nursing?	Yes	No
Does your pet have a bleeding disorder?	Yes	No
Does your pet have a respiratory condition?	Yes	No
Has your pet had a medication/vaccine reaction?	Yes	No
Does your pet have baby teeth?	Yes	No
Is your pet current on heartworm prevention?	Yes	No
Did your pet eat this morning?	Yes	No
Current medications _____		

Anesthetic Precautions (optional):

As with any surgery requiring general anesthesia, certain risks may result in serious complications or even death. To minimize risks, we offer the following diagnostic and therapeutic precautions.

Procedure:

Description:

Pre-Anesthetic Blood Work <input type="checkbox"/> (\$87.00)	<input type="checkbox"/>	Checks organ function, ability to fight infection, oxygen carrying ability of the blood, and allows us to tailor the anesthesia specifically for your pet
IV Catheter & Fluid Therapy <input type="checkbox"/> (\$17.00)	<input type="checkbox"/>	Maintains blood pressure, replaces blood loss, speeds recovery, and can be used to administer life saving drugs in case of emergency
Vitals Monitoring <input type="checkbox"/> (\$28.50)	<input type="checkbox"/>	Checks blood pressure & heart function-alerts to possible life-threatening conditions
Anesthesia Safety Pkg <input type="checkbox"/> (\$101.00)	<input type="checkbox"/>	Includes all of the above procedures

Please check box on requested procedure(s) and initial here _____

During the course of a routine anesthetic procedure, unforeseen health conditions may be noticed that require veterinary intervention. We will perform any and all life-saving measures needed in case of emergency at the expense of the owner.

The veterinarian will pull any teeth that are beyond repair, pull deciduous teeth, and/or perform dental restoration on teeth that are able to be saved. Any additional dental procedures will include pain medicine and be at an additional cost.

Fleas and/or ticks on patients will be resolved at the expense of the owner.

Pets must be current on all vaccinations to stay in our hospital. Vaccines will be administered at an additional charge if due unless the veterinarian determines they cannot be given for health reasons.

I have read and fully understand this anesthesia authorization form.

Daytime Phone: _____

(Required)

Signature of Owner/Agent _____