



## Anesthesia Release and Surgical Consent Form

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

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

Procedure(s): \_\_\_\_\_

### **Anesthesia Release**

I understand that my pet's procedure requires general anesthesia and /or sedation. All precautions will be taken to insure the safety of my pet. However, I have been informed of the possible risks associated with anesthesia /sedation, and that I am responsible for associated charges. I also understand that the doctor(s) reserve the right to perform lifesaving efforts should complications arise. I officially release Asheville Highway Animal Hospital of any liability pertaining to this procedure (before, during, or after surgery).

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Diagnostic Screening**

With all anesthetic procedures, problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To avoid these problems, **we require that all patients 6 years and older be screened prior to anesthesia** by means of the following laboratory test. We highly recommend this screening be done for all patients regardless of age. Please approve or decline by initialing and signing below.

Approve \_\_\_\_\_ Decline \_\_\_\_\_ **Screening Panel Plus** (This checks for: anemia, problems clotting blood, hidden infections, kidney or liver problems, low blood sugar, dehydration.)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **Additional Services**

Please note any additional services that you would like us to perform while your pet is anesthetized.

\_\_\_ Nail Trim  
\_\_\_ Microchipping  
\_\_\_ Ear Cleaning

\_\_\_ Teeth Brushing  
\_\_\_ Full Dental Cleaning  
\_\_\_ Growth Removal

\_\_\_ Heartworm Test  
\_\_\_ Feline Leukemia Test  
\_\_\_ Anal Gland Expression