

## **Anesthesia Release and Surgical Consent Form**

Date:		Pet's Name:	
Owner:		Phone Number:	
Procedure(s)	):		
We close at	t 2:00PM on		
		<u>Anesthesia Releas</u>	<u>e</u>
will be taken associated w understand th arise. I office	to ensure the sa ith anesthesia / nat the doctor(s) itally release As	afety of my pet. However, I have sedation, and that I am responsi reserve the right to perform lifes	sia and /or sedation. All precautions been informed of the possible risks ble for associated charges. I also saving efforts should complications al of any liability pertaining to this
<b>Print Name:</b>		Signature:	
during routing patients 6 y laboratory ter Please approvisioney & liv	ne pre-anesthet vears and olde st. We highly r we or decline by	ic examinations. To avoid these refer be screened prior to anestle ecommend this screening be done initialing and signing below. (All ed in cost of surgery. For spay/n	bre-existing conditions not evident see problems, we require that all hesia by means of the following e for all patients regardless of age. I Spays and Neuters receive a basic seuter patients over 6 years old, an
Approve	Decline	<u>Screening Panel Plus</u> (This checks for: anemia, problems clotting blood, hidden infections, kidney or liver problems, low blood sugar, dehydration.)	
Approve	Decline	Additional CBC (Applicable	to Spays & Neuters Only)
Print Name:		Signature:	
		Additional Service	<u>es</u>
us		ote any additional services that all its judges in the services that all its judges is an esthetized. Additional services that all its judges is an esthetized.	you would like
Nail Trim		Teeth Brushing	Heartworm Test
Microchipping		Full Dental Cleaning	Feline Leukemia Test
Ear Cleaning		Growth Removal	Anal Gland Expression