**Anesthetic Release Form**

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

Client(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # today:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Did your pet eat today? Y/N
	+ Did your pet have antibiotics or other routine medicine today? Y/N
	+ Has your dog been tested for Heartworm Disease in the past 12 mos.? Y/N
	+ Is your dog currently taking a Heartworm preventative? Y/N
	+ Has your pet been tested for intestinal parasites in the past 6 mos.? Y/N
	+ Does your pet have any health problems (Epilepsy, Diabetes, etc.)? Y/N
	+ Have you ever been told that your pet had problems with anesthesia or any medication? Y/N
	+ Has your pet been vaccinated in the past 12 mos.? Y/N

Preoperative Blood Testing- Because no anesthetic is without risk, we recommend this test, just as your doctor would recommend for you. This test screens your pet for hidden problems that may complicate the anesthesia or surgery. The cost is $147.85 if your pet is in good health and under 7 yrs. of age. If your pet is over 7, a more in-depth panel is performed, costing $175.78. Both of these tests include a chemistry panel, complete blood count, and clot time.

\_\_\_\_ Yes, I would like this recommended test performed.

\_\_\_\_ No, do not perform test. I understand that serious complications could arise if my pet has an underlying medical condition.

Therapeutic Laser Treatment treatment greatly reduces pain and inflammation and accelerates healing. This cost is $22.85.

\_\_\_\_ Yes, Please perform Laser Therapy. \_\_\_\_ No, do not perform Laser Therapy.

Intravenous Fluid Administration- The doctor - Post Operative

strongly recommends this for all animals undergoing anesthesia. IV fluids help to maintain adequate blood pressure and quicken the recovery from anesthesia. **IV fluids are required on any animal over 5 yrs. of age .**  IV catheter administration and first liter of fluids cost $123.39.

\_\_\_\_ Yes, please administer IV fluids. \_\_\_\_ No, I understand the risks involved but decline the use of IV fluids.

Pain Medication- Additional pain medication administered after surgery that is affective for 5-10 days after surgery. This is strongly recommended for any surgery that involves going through the abdominal wall. The cost is $46.31.

\_\_\_\_ Yes, please give additional pain medication to my pet. \_\_\_\_ No, do not give additional pain medication.

Microchip- While your pet is anesthetized we offer 24PetWatch micro-chipping. In the event your pet is lost, the microchip national database increases the chance of recovery of your pet. The cost is $84.66.

\_\_\_ Yes, please microchip my pet. \_\_\_\_ No, do not microchip my pet.

Hip Screen - While anesthetized, a pelvic radiograph screens for early hip dysplasia. If your breed is prone to hip dysplasia, this is highly recommended. There are treatments effective, if diagnosed early. The cost is $91.77.

\_\_\_\_Yes, please radiograph. \_\_\_\_ No, do not radiograph.

I authorize Coastal Animal Hospital to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenance of my pet’s health and well-being, including, but not limited to the administration of anesthesia and the performance of surgical procedures. I expect all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the veterinarian and staff, to provide veterinary services as requested or in emergency circumstances, to follow through with such procedures as are necessary for the well-being of my pet.

I understand that the fees due for my pet’s care will be paid in full at the time of discharge.

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