

ANESTHETIC/SURGERY RELEASE FORM

Owner _____ Pet's Name _____

Species _____ Breed _____ Sex _____ Altered Y / N Age _____

Phone Number for Today _____ Alternative Number _____

I hereby authorize the Trumann Animal Clinic to perform the following procedure(s):

_____ and authorize the performance of other procedure(s) or operation(s) necessary and desired in the exercising of the veterinarian's professional judgment. I understand that I assume financial responsibility for all services rendered, and that payment in full is due when my pet is discharged. I understand that all anesthesia involves some minimal risk to my pet, but TAC will not be held liable or responsible in any many or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. **I understand that if my pet is in heat, pregnant or cryptorchid (retained testicle), additional fees may apply. If any unforeseen medical or surgical needs arise, I hereby consent to any medications and supplies purchased or prescribed and understand that additional costs will be my responsibility.**

****Our high standard of veterinary care includes 1) pre-surgical physical exam 2) ultra-safe human anesthesia 3) IV catheterization/fluids 4) vital signs monitoring 5) post-surgical recovery monitoring 6) post-surgical exam.*

All pets must be fully vaccinated, including rabies vaccine and current on vaccinations before surgery. Written proof of vaccinations is required at time of surgery. I understand that if my pet has fleas or ticks that it will be treated at an additional cost to me.

YES NO Did your pet eat this morning?
YES NO Is your dog on heartworm preventative?
YES NO Has your pet ever had any history of seizures and/or previous anesthetic problems?
YES NO Is your pet allergic to any medications?
YES NO Has your pet been checked for intestinal parasites in the last 6 months?
YES NO Any current medications? _____

Pre-Anesthetic Lab work

YES NO **Optimal Blood Profile** – recommended for all pets, *especially pets over 7 years of age*. **\$141.75** (CBC, General Health Screen and Electrolytes) I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service.

YES NO **Basic Blood Profile** – recommended for pets of all ages. **\$43.25** (CBC, ALT, BUN, Glucose) I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service.

YES NO **Pre Surgical EKG lead II**--recommended for pets of all ages. **\$13.00** I understand that I assume all responsibility for additional risks/complications resulting from refusal of this service.

****Optional Services Available** Please initial for additional services desired.

_____ Pedicure \$6.00 _____ Ear Cleaning \$7.50 _____ Anal Sac Expression \$7.50

_____ **Microchip Insertion & Registration** – recommended to identify your pet should they be lost. **\$35.00**

Owner Signature

Date