

ANESTHESIA RELEASE FORM

Pet's Name _____

* Has your pet had any premedication ? YES NO _____

As owner, or acting on behalf of the owner, I authorize the doctors and staff of Clearview Animal Hospital to perform the following procedure(s) :

1. I understand that there is always a small risk with any anesthetic or surgical procedure. I understand that the staff of Clearview Animal Hospital will make every effort to provide for the safety and well-being of my pet, but I assume all risks associated with the above procedure(s). **Initials** _____

2. Emergencies: It is not always possible to determine all underlying conditions that an animal may have. In the rare case that your pet has an emergency, do you want us to use heroic measures (CPR and other emergency care) ? Costs may vary.

YES, full CPR up to \$400 YES, full CPR up to \$250 NO, do not treat

I understand that my pet may die in a crisis. **Initials** _____

3. To minimize anesthetic risk, we require preoperative blood work for any animal 6 years old or older, or any animal that may have a medical condition. A basic preanesthetic panel is available and recommended for patients of any age (includes liver and kidney values, blood sugar, protein levels, PCV to screen for anemia). **Initials** _____

I authorize basic preanesthetic blood work for my pet: YES NO

We also offer testing to evaluate your pet's ability to clot normally and to minimize the risk of unexpected bleeding during or after surgery. A clotting disorder is not always obvious, it will not show up on other bloodwork and can be life threatening.

I authorize clotting test: YES NO

4. We recommend extraction of any retained baby teeth if your pet is under anesthesia for another procedure. If your pet is here for a dental cleaning, we recommend extraction of loose, damaged or infected teeth. **Initials** _____

I authorize extraction of retained baby teeth (if here for spay / neuter): YES NO

I authorize extraction of loose, damaged or infected teeth (if here for a dental): YES NO

5. The use of pain medication at the time of surgery and for several days during the postoperative period promotes faster healing and recovery. We will use pain medication (given as an injection) at the time of your pet's surgery and to follow up with at home for the next several days at the doctor's discretion. **Initials** _____

I prefer medication in the form of (IF AVAILABLE): Pill (dogs only) Liquid

**additional charges may apply for liquids* Topical (cats only) No Preference

(continue on back page)

6. If your pet is here for a mass removal, we may recommend biopsy of the mass/tumor. It is sometimes difficult to tell for sure if a tumor is benign (non-spreading) or malignant (likely to spread or come back) without sending a sample to a pathologist in an outside lab. **Initials** _____

I authorize a biopsy sample to be sent to an outside lab: YES NO

If your pet is here for a mass removal and chest x rays were previously discussed, would you like to have them done today ? YES NO

7. Microchip implantation is an excellent way to permanently identify your pet if he / she should ever become lost. The microchip is safe and effective, about the size of a grain of rice, and can be placed quickly and painlessly while your pet is here for another procedure. Paperwork will be provided to register your pet with the HomeAgain microchip company and also to register for a lifetime license (dogs only). Our fee includes only the microchip implantation. It does not include any additional registration fees or licensing fees. **Initials** _____

I authorize placement / implantation of a microchip in my pet: YES NO

already microchipped

8. There are some procedures where use of an e-collar, inflatable collar or surgery recovery suit are recommended to prevent your pet from licking, chewing or scratching at the affected area. **Initials** _____

If recommended, I prefer: **plastic e-collar** **inflatable collar** **surgery recovery suit**

I have and will bring for fitting

9. For the safety of our staff, it is our policy that all pets admitted for surgery or other anesthetic procedures must be current on their rabies vaccinations (unless medically contraindicated). If documentation cannot be provided or verified, I understand that my pet will receive a rabies vaccination while here if deemed safe by the veterinarian. **Initials** _____

10. To minimize the transmission of fleas to the premises and other patients, we will examine your pet upon admission and, if fleas are noted, administer a Capstar® (nitenpyram) tablet at nominal cost to you. **Initials** _____

Client / Agent signature _____

Date _____

Emergency phone / contact (please list all numbers where you may be reached and times of availability at each number)

Primary Contact _____ Phone number _____ can we text? Yes No

Secondary Contact _____ Phone number _____ can we text? Yes No