



Client's Name: _____

Patient's Name: _____

Surgery/Dental/Anesthesia Release Form

Today's Procedure: _____

(must be completed by owner/responsible party)

Phone number where I can be reached at all times **TODAY**: _____

Initial:

I prefer to receive a courtesy text message after the procedure is completed to update me on my pet. Please send message to the following number: _____

Yes No Has your pet eaten within the past 12 hours?

Yes No Is your pet allergic to any drug?

Date and location of last vaccination _____

It is the policy of Anderson Animal Clinic that all patients be up to date on required vaccinations.
Documentation must be provided by check-in time or my pet will be vaccinated at my expense

ALL anesthetic procedures require the following:

IV Catheter and fluid therapy: \$39.00

Pre-Anesthetic Blood Testing: Some conditions such as liver, kidney and certain blood disorders may not be detected without blood analysis. **For these reasons, we require a preoperative blood screening be performed.** This may help us detect any underlying problems that could lead to complications with your pet's procedure.

0-5 years receive a basic chemistry panel \$36.00

6-10 years receive a chemistry panel and CBC \$55.00

11+ years receive a comprehensive chemistry panel & CBC \$65.00

I do not want this test re-done, as my animal had bloodwork within the last 30 days.

Post operative pain medication: \$10.00

Would you like a Microchip implanted today?

A microchip is a permanent identification method which will aid in reuniting you and your pet if you should ever become separated.

Yes, I want a microchip implanted for \$27.50, which includes lifetime registration.

No, I decline the microchip implantation.

Pedicure

Yes, I would like a pedicure done on my pet while they are anesthetized, for an additional fee.

No, I decline having a pedicure performed.

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Extractions

Sometimes teeth are very loose, have fractures or even major root exposure. These teeth can require removal due to the problems they may cause to the pet, currently and in the future. Most often these problems do not improve because they are beyond the ability to heal.

- Yes**, I authorize Anderson Animal Clinic to perform any extractions deemed necessary for my pet's health. I am aware of any cost associated.
- No**, I do not authorize extractions without my permission

**If I am unable to be reached at the number provided above or don't return the call within 10 minutes, I understand that my pet will not have extractions completed.*

Plaque Prevention

Plaque prevention applications create an invisible barrier that prevents plaque and tarter from attaching to the teeth. We will apply the treatment as the last step in your pet's dental cleaning. By having a plaque prevention application completed, you will see a reduction of tooth extractions, fresher breath and better overall health. It's the easy alternative to daily brushing.

- Yes**, I would like to have Sanos applied to my pet's teeth for \$85.00. Sanos last 6 months and does not require reapplication. (cost= \$3.40 per week)
- No**, I decline any plaque prevention treatments at this time.

- I hereby consent and authorize Anderson Animal Clinic and its veterinarians to perform the surgical/dental procedures, hospitalize, prescribe for, treat, x-ray, anesthetize or operate on the above listed patient.
- I certify that my pet is free of all external parasites upon signing this release. If parasites, such as fleas or ticks, are found, I understand that my animal will be treated on admission for an additional cost.
- I agree to the proposed general anesthesia, surgery, and/or treatments. I understand that unforeseen conditions may be revealed that necessitate an extension/change in the above procedures.
- I understand that anesthetics and surgery present a risk to my pet's life and I accept that risk. I have been advised as to the nature of the procedure/operation and the risks involved. I realize that results cannot be guaranteed. I also authorize the clinic staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet.
- I assume full financial responsibility for all services rendered.

I understand the clinic staff is not on the premises 24-hours a day to attend to a hospitalized patient.

Owner/Owners Agent Signature: _____ Date: _____

Witness/Anderson Animal Clinic Representative: _____

Office Use Only
Dr. _____
VX _____
WB _____
SC/AT _____
032118 W