



## SURGICAL ANESTHESIA RELEASE FORM

Pet name: \_\_\_\_\_ Owner/Agent: \_\_\_\_\_

Phone number(s) between 7am-6pm: \_\_\_\_\_

Please list the procedure(s) your pet is here for today: \_\_\_\_\_

We OFFER additional services you may want to consider. The services would be at an ADDITIONAL COST.

**PRE-ANESTHETIC BLOOD SCREEN:** Your pet is scheduled for a procedure that will require anesthesia. The safety of anesthesia has greatly increased with new technology and anesthetic agents. However, there is always some risk with anesthesia. As we do perform a complete evaluation before your pet is anesthetized, some conditions such as liver, kidney, and certain blood disorders may not be detected without blood analysis. For these reasons, we recommend a preoperative blood screening. This may help detect an underlying problem that could lead to anesthetic complications. With our in-house blood analysis capabilities, we can have the results within minutes, which enables us to evaluate potential surgical risks.

Yes \_\_\_ No \_\_\_

**MICROCHIP:** Would you like your pet microchipped today?

Yes \_\_\_ No \_\_\_

I understand, although all reasonable precautions and due care will be taken during treatment of my pet, there is always a potential risk in anesthesia. I accept these risks and authorize Shenandoah Veterinary Hospital, INC. to perform such treatment. I further realize that I am responsible for payment of these procedures and treatments performed on my pet at the time of discharge.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccines or preventatives needed today: \_\_\_\_\_

Additional information to relay to doctor: \_\_\_\_\_