

SPAY/NEUTER/DECLAW ANESTHESIA RELEASE

1. Client Name: _____ Phone #: _____
2. Pet's Name: _____ Age: _____ Sex: _____
3. Procedures to be performed: _____

4. Is your pet due for any vaccinations? Yes _____ No _____

We require proof that your pet is current on **all immunizations** at the time of surgery.

This is for the protection of your pet and others that may be hospitalized. If vaccinations are not current they will be given at the **owner's expense**.

5. Any pet admitted with fleas or ticks **will be treated** at the **owner's expense**.

6. Is your pet currently on heartworm preventative? Yes _____ No _____

We **must** have knowledge of the pet's status or we **will** perform a heartworm test (at the **owner's expense**) prior to surgery on any dog not on preventative. This disease increases the risk of surgical and anesthetic complications.

7. Is your pet on any other medications? (Please specify) _____

8. Has your pet been coughing or sneezing lately? Yes _____ No _____

If yes, please explain. _____

9. We highly recommend a pre-anesthesia blood profile be performed on your pet before administering anesthesia. This will help insure that your pet is in a low risk category by ruling out certain pre-existing internal problems that may not be outwardly evident but could lead to serious complications. These tests are similar to what your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will serve as reference values for the future should your pet's health change.

PLEASE CHECK ONE:

_____ **Profile #1 - Healthy Patients Under 7 Years of Age** **ADDITIONAL Cost of \$70.44**

_____ **Profile #2 - Ill Patients & Patients 7 Years and Older** **ADDITIONAL Cost of \$103.52**

_____ I have elected to refuse the recommended pre-anesthesia blood work at this time and request that you proceed with anesthesia/surgery.

10. **Intravenous fluids** given during anesthesia and/or surgery help to maintain blood pressure and allow rapid administration of drugs should an emergency situation develop. If blood pressure drops during the anesthesia it is more difficult to then place an IV catheter and valuable time may be lost which can result in the death of your pet. Patients undergoing non-elective surgery will have a catheter in place. This is optional in elective procedures. (Note: A small area of hair will be clipped on a front leg). The cost for this valuable service has been discounted to **\$56.84**.

_____ Accept _____ Decline

11. Do you authorize the implantation of a Home Again microchip at a cost of **\$44.90**?

_____ Accept _____ Decline

12. There will be an additional charge for animals that are in heat or pregnant or excessively over weight that are undergoing a spay/neuter surgery.

13. I request that you perform anesthesia and/or surgery on my pet (s). I understand that there is always a risk for anesthesia and surgery. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis while attempts are made to contact me. I assume full financial responsibility.

Signature: _____ Date: _____

14. What is an Emergency number for you today? _____