



PATIENT SURGICAL ANESTHESIA RELEASE

_____ (date)

Pet's Name: _____ Owner's Name: _____

Breed/Color/Sex/Age: _____

Surgical Procedure: _____

CURRENT MEDICATION: Name, Dose, How often and Last time given

FOOD: LAST MEAL/FOOD GIVEN AT:	SPECIAL DIET?
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ADDITIONAL PROCEDURES: (toe nail trim, sanitary shave, etc.)

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All anesthetic procedures require pre-anesthetic blood work. This is not optional and is by doctor discretion only.

If my pet is prescribed oral medication to be given at home, I would prefer: Pills Liquid

Owner's Release:

I authorize Sam Bass Veterinary Wellness & CTCH to perform the above procedures and required laboratory testing. 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 surgery and I accept these risks. I understand that conditions may arise during this procedure whereby a different or additional procedure may be need to be performed; and I authorize the doctors to do what they feel is needed and necessary. I understand that no guarantee of successful treatment has been made. I certify that I understand that release and will assume full financial responsibility of all charges.

We cannot foresee all problems that arise during surgery, so we ask that you check one of the following:

_____ Perform whatever procedures are needed

_____ Please call me with an estimate if any additional procedures are needed.

I will be available at the following number _____

If for some reason I am not available when you call, please:

_____ Perform whatever procedures are as needed _____ Cardiopulmonary Resuscitation \$321.67

_____ Do only what I have authorized. I understand that if new circumstances arise that my pet may need to undergo another anesthetic procedure to complete treatment.

All pet's staying with Sam Bass Veterinary Wellness & CTCH will be checked for fleas and if positive shall receive a Capstar. Cost of this treatment is \$15. In order to reduce stress and minimize bacterial infection during blood draws and catheter placement, we may need to shave a small patch of fur from your pet's leg and/or neck.

I am the owner or agent for the owner of the animal described on this form and have the authority to execute this consent.

NAME: _____ Signature: _____ Date: _____

Contact phone #1: _____ Contact phone #2: _____