

ANESTHESIA RELEASE FORM

Monument East Veterinary Hospital

(520) 298-8358

Owner: _____

Patient: _____

There will be a pre-surgical blood screen to test the basic organ function prior to the anesthetic procedure. If there is any indication of an existing abnormality, we will contact you or take steps to ensure the safety of _____

Our hospital uses Home Again® Companion Animal Retrieval System. We recommend microchipping all animals while under anesthetic. **Microchip cost \$48.12**

There is a one time activation fee of **\$10.00**, and the annual membership fee is **\$14.99**.

****Please ask our staff members to tell you all the new and exciting upgrades the Home Again Company now offers!****

____ **Yes**, I want _____ microchipped while under anesthetic. (total = \$73.11)

____ **No**, thank you.

While here, I would like _____ evaluated for the following problem(s):

1.) _____ 2.) _____

I would like the following procedures performed. (This will be added to your estimate.)

Nail trim____ Teeth scaling____ Anal sacs expression____ Ear cleaning____

Authorization for Anesthesia: I understand the risk of life involved in any anesthetic procedure, but I expect all necessary precautions will be taken to assure the safety of _____

*** Pain management is an important aspect of health care. Medication administered before and after surgery reduces the amount of pain and discomfort for your pet and promotes a faster recovery. The attending veterinarian will prescribe pain medication for the comfort of your pet during the post-surgical period.**

Signed: _____ **Date:** _____