

ANESTHESIA, SURGICAL, & MEDICAL RELEASE
PLEASE READ CAREFULLY

Client's Name: _____

Pet's Name: _____ Breed: _____

Sex: _____ Age: _____ Color: _____

Procedure(s) to be performed: _____

_____ I, the undersigned, certify that I am the owner of the animal described above. As an owner I agree to the procedure(s) listed above. I understand that no guarantee of successful treatment can be made. I authorize the doctor and assistants on duty to perform the procedures listed above.

_____ I am acting as an authorized agent for the owner of the animal described above. As an agent, I swear that I have permission to act as guardian for this pet and agree to the procedure(s) listed above. I take full responsibility for agreeing to the above procedures and hold the West Trenton Animal Hospital blameless for performing any procedure I have authorized which is not in compliance with the owner's wishes.

All animals are required to have minimal pre-anesthetic blood work as deemed necessary by the Doctor.

_____ I **do/do not** wish my pet to receive pain relief medication at an additional charge of ____.

_____ I **do/do not** agree to the administration of sedatives or anesthetics.

_____ I have been advised as to the nature of the procedure and the potential risks posed to my pet. I **do/do not** allow the doctor to perform any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care.

***Please read this carefully and if you have ANY reservations, please discuss NOW!! We must be certain there is no misunderstanding as to the # of teeth extracted or permission to extract or cost of extractions.**

The veterinarian does/does not have permission to extract any/all teeth that he/she deems necessary for medical treatment. There are times that it is necessary to remove as many as 15-20 teeth.

_____ *******Do you wish to be called prior to extractions, YES OR NO ?***** (IF WE CANNOT REACH YOU BY PHONE AFTER 2 CALLS AT 5 MINUTE INTERVALS, YOUR PET WILL NOT HAVE THE EXTRACTIONS DONE!)**

_____ While spaying your pet the veterinarian may discover that your pet is already pregnant. Spaying a pregnant animal requires additional resources, and carries an additional charge. I **do/do not** allow the veterinarian to proceed with the spay under these circumstances.

_____ **I HAVE TAKEN MY PETS BELONGINGS W/ ME (IE COLLAR, LEASH ETC)**

I have read and understand the reasons for and the risks of the above and attached authorized procedures, and assume full responsibility for all charges and services incurred to the described animal.

Total Estimate for services: _____ **Total fee must be paid in full as services are rendered.** Date: _____

Name: _____ Signature: _____

(H) _____ C) _____ Alternate numbers _____