

Anesthesia Release Form

Any questions? Please call us at 816-333-9000.

Pet's First Name

Pet's Last Name

Age

Date

I give my permission to have my pet sedated for _____ (Procedure)

Although Animal Medical Center Veterinary Hospital takes every precaution and uses up-to-date monitoring devices, I understand that there are always potential risks using anesthesia or performing surgery on an animal. I further understand even with extreme care, rare adverse reactions, which are unpredictable, may occur with any sedation procedure. These reactions may include cardiac arrest, respiratory arrest, and death.

_____ (Initial).

Like you, we are greatly concerned with the well-being of your pet. Your pet is scheduled for anesthesia and/or surgery today. Before putting your pet under anesthesia, we will perform a full physical examination and Pre-operative bloodwork. Bloodwork helps determine the presence of dehydration, diabetes, and/or kidney or liver disease. These tests are similar to those your own physician would run were you to undergo anesthesia. The results of these tests may be useful later to develop faster, more accurate diagnoses and treatments in the event that your pet's health changes.

In the event that your pet's bloodwork indicates it is unsafe for your pet to be sedated you understand you will be charged the cost of the bloodwork (\$90) _____ (Initial)

Please Select the following:

I would like my pet microchipped while anesthetized (\$40.00)

Please express my pet's anal glands while anesthetized (\$22.00)

If intervention is required during anesthesia to save my pet, please

Do not intervene, and please allow my pet to pass peacefully

Provide life saving heroics that I understand I will have to pay for.

If I am unable to be reached please treat my pet until my invoice becomes higher than _____ (\$100.00 if blank). I understand AMC will try every phone number I have provided prior to treating.

Signature of Pet Owner

Owner's Phone Number