9/28/26

Anesthesia Release Form

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

Animal Medical Center
Kansas City

In Hospital Use: Weight-_____

_____ _____ _____ _____

Owners Name | Pets Name | Pets Age | Date

When did your pet last eat? _____ Did you give any meds this morning? _____

If so, what medication(s)? _____

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 pets bloodwork indicates it is unsafe for your pet to be sedated you understand you will be charged the cost of the bloodwork ($140.00). _____ (Initial)

Please select from the following if necessary:

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

[ ] Please express my pets anal glands while anesthetized ($26.95)

[ ] I would like post-operative laser therapy performed on my pet to promote healing ($24.96)

[X] If fleas are found my pet will be treated, and I will pay for the treatment ($20).

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

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

[ ] Provide lifesaving 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 _____ ($140.00 if blank). I understand AMC will try every phone number I have provided prior to treating.

_____ _____

Signature of Pet Owner | Owner's Phone Number