

Alameda Animal Hospital

SURGERY/DENTAL/PROCEDURAL/ANESTHETIC RELEASE FORM

Client First Name _____ Last Name _____ Day Phone _____

Patient Name _____ Breed _____ Sex _____ Age _____

Procedure to be performed today _____

1. Has your pet had anything to eat or drink since midnight? **YES or NO** If yes, when _____

2. Is your pet allergic to any medications or had any previous problems with anesthesia? **YES or NO**
Describe _____

3. Is your pet prone to seizures? **YES or NO** Were any meds given today? **YES or NO** **If yes, please list** _____

4. Is your pet in heat or pregnant? **YES or NO** When was your pet's last heat cycle? _____

5. Is your pet current on vaccines, including Rabies? **YES or NO** Were they done here? **YES or NO**

6. Has your pet been ill or injured in the past 30 days? **YES or NO** Describe _____

7. **Heartworm Test and prevention.** All dogs over the age of 7 months must have an annual heartworm test on record and be current on heartworm prevention prior to surgery as there is an increased risk in complications if your pet is heartworm positive.

Has your pet been heartworm tested? **YES or NO** Is he/she current on prevention? **YES or NO**

8. **The IV Catheter** provides quick access to the veins in the case of an emergency and assists in administration of IV medications. It also helps to maintain blood pressure. It is always recommended however it is mandatory for patients that have reached the age of 5 years and all brachycephalic dogs (short snouted dogs)..

APPROVE or DECLINE (circle) Initial _____ Mandatory _____

9. **Pre-anesthetic bloodwork.** We recommend that pre-anesthetic blood testing be performed prior to administration of any anesthesia in ALL pets less than 5 years of age however, it is mandatory for patients over the age of 5 years.

APPROVE or DECLINE (circle) Initial _____ Mandatory _____ Previously done _____

10. Do you understand that if your pet is found to be in heat or pregnant or obese there will be an additional charge? That charge is based on the weight of your pet. **YES or NO** Initial _____

11. Do you understand that if your feline is difficult to handle or fractious there will be an additional anesthesia charge for the use of an anesthesia chamber to sedate? **YES or NO** Initial _____

12. Do you understand that if your pet is found to have fleas it will be given a Capstar tablet, a fast acting 24-hour effective flea control? The cost is based on your pet's weight. **YES or NO** Initial _____

13. Do you understand that for DENTAL procedures there is an additional charge for tooth extractions? **YES or NO** Initial _____

14. Are there any other procedures you would like us to complete while your pet is under anesthesia? For example, nail trim, microchip etc.? **YES or NO** If so, please list _____

Surgical Consent

We have done our best to provide you with an accurate estimate for treatment fees, however, recommendations can change as your pet undergoes treatment and/or experiences complications.

I hereby consent and authorize Alameda Animal Hospital to receive, prescribe, treat and/or operate upon the above described said animal. Alameda Animal Hospital is to use all reasonable precautions against injury, escape or the destruction of the animal. I understand that sedation, surgery, and anesthesia involve an inherent risk but Alameda Animal Hospital will not be held liable or responsible in any manner whatsoever or under any circumstances in connection with this procedure, provided reasonable care and precautions are followed. It is understood that I assume all risks with the procedure along with full responsibility for treatment expense.

Signature _____ Date _____

Staff Member Check In/Witness: _____