



ANESTHETIC/SURGERY RELEASE FORM

OWNER: _____ PET'S NAME: _____

SPECIES: _____ BREED: _____ SEX: _____ ALTERED: Y/N AGE: _____

I hereby authorize Pell City Animal Hospital to perform the following procedure(s): _____

And authorize the performance of other procedures necessary and desired in the exercising of the veterinarian's professional judgement during the above procedures. I understand that I assume full financial responsibility for all services rendered and that payment in full is due when my pet is discharged. I understand and agree that all anesthesia and surgery involves a certain amount of risk to my pet. I further understand that results cannot be guaranteed and that I will not hold Pell City Animal Hospital or it's agents liable if any unforeseen medical or surgical needs or complications arise.

PRE-ANESTHETIC LAB WORK

_____ Recommended for all pets to confirm that they do not have an underlying infection, are not anemic and that their major organs are functions properly. These tests consist of a CBC and Chemistry profile. Testing is required on all pets over the age of 6.

_____ I have chosen to decline the Pre-anesthetic lab work and I accept full responsibility for my decision.

POST OPERATIVE PAIN MEDICATION

_____ Optimal pain management insures that your pet experiences the minimal amount of discomfort possible from the procedure by providing additional pain medication prior to surgery and dispensing medication to use at home.

_____ I have chosen to decline Optimal pain management and I accept full responsibility for my decision.

PHONE NUMBER FOR TODAY: _____ ALTERNATE NUMBER: _____

OWNER SIGNATURE

DATE