

Animal Hospital of West Monroe
650 Commercial Parkway
West Monroe, La 71292
318-322-8233

Sedation Release Form

Owner's Name: _____

Phone: _____ Email: _____

Pet's Name _____

I am the owner of the animal above or am responsible for it, and hereby authorize the performance of the following procedure(s): _____.

I authorize the use of such therapeutic or anesthetic drugs as the veterinarian deems advisable in order to safely and humanely perform the above procedure(s).

I understand, that certain individuals may not respond adequately to surgery or therapy and that reevaluation of the treatment may be necessary. I understand that no guarantees can be made as to the success of a particular type of treatment on any individual animal.

I agree to pick up the above described pet when informed that it is ready to be released from the Animal Hospital and assume full responsibility for all fees.

I understand that any fees quoted are tentative and are subject to variation depending on the individual case, and that daily updates on the accrued charges are available at my request.

Signed: _____ Date: _____

Blood Testing Consent Form

Blood chemistry tests provide an inside look at your pet's vital organs. By performing this basic test panel, we can evaluate the status of your pet's major organs. The function of the liver and kidneys is especially important because these organs process and rid the body of the medications used during anesthesia. For these reasons we highly recommend blood screening before your pet has an anesthetic for any surgery. The total cost of these tests is \$35.00, and the results will be available to examine before the procedure is done. Please indicate your choice:

_____ YES, I want my pet to have a blood screen.

_____ NO, I do not want my pet to have a blood screen.

_____ Initial: I certify that my pet has not had aspirin/aspirin products within the past 4 days.