

FINE ANIMAL HOSPITAL ANESTHESIA RELEASE FORM

I _____, understand that the following procedure(s) is/are to be performed on my pet _____.

PROCEDURE(S) 1. _____
2. _____
3. _____

Best way to be contacted today _____ OR _____

When did your pet last eat? _____

All medications your pet is on:	Dose	Last Given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PRE ANESTHETIC BLOODWORK: The doctors STRONGLY RECOMMEND that bloodwork be done before your pet receives anesthesia. A physical exam will be performed on your pet prior to the listed procedure(s). These tests show us if your pet's liver and kidneys are functioning normally. The kidneys and liver are key in metabolizing and detoxifying anesthetic agents. If a problem is detected, the procedure may be delayed until further notice.

I ***AGREE*** TO PRE-ANESTHETIC BLOODWORK

I ***DO NOT AGREE*** TO PRE-ANESTHETIC BLOODWORK

Signature: _____

Signature: _____

Date: _____

Date: _____

PRE-ANESTHETIC BLOODWORK HAS BEEN DONE PRIOR ON _____

ANESTHESIA RELEASE: I acknowledge that I am the owner/agent of the pet described above. I hereby consent to and authorize the procedure(s) described above. I have been advised as to the nature of the procedure(s) to be performed, as well as the risks involved. I release Fine Animal Hospital and all of it's staff from any claims, other than willful negligence. I acknowledge and agree to pay all costs arising out of my pet's medical care and treatment and guarantee payment for service provided. Payment is expected at the time of services rendered.

Signature: _____ Date: _____

OFFICE USE ONLY:

