



Terra Vista Animal Hospital

ANESTHESIA AND SURGICAL RELEASE FORM

Client Name _____

Chart No. _____

Pet's Name _____

Our doctors use the safest anesthetic and surgical protocols available for our patients. However, no anesthetic or surgical procedure is completely without risk. Complications may range from mild nausea to prolonged recovery, and in rare circumstances, even death.

Patient comfort and effective pain management are top priorities at our hospital. Patients that receive analgesic medications are less anxious, have decreased anesthetic risk, and recover from procedures more rapidly. All patients undergoing a potentially painful procedure will receive pain management.

Pre-Anesthetic Lab Tests: To decrease the possibility of complications, our doctors strongly recommend that lab tests be performed prior to anesthesia. These tests help identify clinically silent conditions that may pose an unusual anesthetic risk for the apparently healthy patient.

Intravenous Catheter: To increase safety, our doctors also recommend intravenous (IV) catheter placement before anesthesia. IV catheters provide an ideal route for administration of medications if a problem develops and allow intravenous fluid therapy if needed.

Please ask us if you have any specific questions regarding anesthesia, pain management, pre-anesthetic lab tests or intravenous catheters.

Date	Procedure	Pre-Anesthetic Tests	IV Catheter	Initials
		<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	
		<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	
		<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	
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		<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	
		<input type="checkbox"/> Accept <input type="checkbox"/> Decline	<input type="checkbox"/> Accept <input type="checkbox"/> Decline	

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the patient described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including administration of sedatives, and/or anesthetics, as well as any appropriate medical, diagnostic and/or emergency care for the patient.

I have been advised as to the nature of the procedure(s) and the potential risks. I also understand that no guarantee of successful treatment can be made. I have read and understand the reasons for and the risks of the authorized procedure(s) above, and assume full financial responsibility for all services and charges incurred to the described patient.

Signature: _____

Date: _____