Los Robles Animal Hospital

"Providing Gentle Medicine for all Stages of your Pet's life since 1986"

Anesthetic Procedure/Surgery Release Form

Owner _____ **Pet's Name** _____ **Date**_____

Procedure to be performed today: _____

All anesthetics carry an inherit risk, and adverse effects can occur. We take all possible precautions to prevent any such event. Please read the following paragraph and sign below.

I consent to the administration of such anesthetic agents as are necessary, and to the surgical or treatment procedure. I understand there are risks involved and that no guarantee or successful outcome is made.

Some pets may have pre-existing internal problems that produce surgical complications that may not be apparent on physical exams. In some cases, we are unable to examine a patient prior to the actual procedure. In that case, we will run blood work while they are under sedation/anesthesia. I understand that I will not hold Los Robles Animal Hospital and their staff liable in any manner whatsoever or under any circumstances in connection with this procedure.

Pre-surgery questionnaire:

* Has your pet eaten this morning? ◯ yes ◯ no
* Has your pet received any medications this morning? ◯ yes ◯ no
  If yes, what kind? _____
* Has your pet recently experienced vomiting, diarrhea, coughing, sneezing? ◯ yes ◯ no
* Is your pet allergic to any drugs? ◯ yes ◯ no
  If yes, what drugs? _____
* In case of an unforeseen emergency, do you want us to perform CPR? ◯ yes ◯ no

MAKE SURE YOU PROVIDE A NUMBER WHERE YOU CAN BE REACHED!

Elective procedures to be performed while under anesthesia (these may carry additional costs, not covered by an estimate given):

- ☐ Anal gland expression
- ☐ Remove warts/skin growths. **PLEASE MARK LUMPS WITH WHITE OUT or SHARPIE.**
  Location: _____
- ☐ Brush and clip mats
- ☐ Microchip placement
- ☐ I do not want any elective procedures done on my pet

Research has indicated that while some pets appear to withstand pain better than humans, they still experience postoperative pain. Pain medications will be given to safely and effectively control the level of your pet's discomfort after surgery. In some cases, pain medications may need to be sent home with your pet for ongoing discomfort. Please use these medications as prescribed, in its entire course. Recovery from surgery may be prolonged by your pet's discomfort.

Important! Please provide us with a phone number where you or your representative can be reached on the day of surgery. Contact Phone Number _____

Would you like an estimate for today's procedure? ◯ yes ◯ no ◯ already provided

_____	_____	_____
Name (please print)	Signature	Date