

# Anesthetic Release Form

Owner/Agent Name: \_\_\_\_\_ Patient: \_\_\_\_\_

## **Hospitalization/Surgical Information**

**Preparation**-The skin around the surgical area will be clipped and scrubbed with an antiseptic. We follow sterile procedures (surgical preparation, surgical packs, and surgical attire).

**Anesthesia**-Pre-surgical bloodwork and physical examination will enable us to assess and minimize the risk of anesthesia for your pet.

**Monitoring**-We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, blood pressure, oxygenation, and depth of anesthesia during the procedure.

**Catheterization**-For most surgical procedures, an intravenous catheter is placed to provide us with an easy route to administer medications and fluids (which support kidney function and blood pressure) during the procedure.

**Pain Management**-We will proactively manage pain associated with any procedure with appropriate pain management medications. As with any drug, side effects may be associated with their administration.

I authorize anesthesia/surgery for my pet. I understand the nature and purpose of the procedures, risks involved, and possible complications that could arise with anesthesia and/or surgery. I understand there are no guarantees or assurances of the outcome of said procedures. I understand that while the anesthetic used in this hospital is one of the safest used in veterinary medicine and provides the highest quality of anesthesia monitoring and surgical services, I understand NO anesthesia is without medical risk. No guarantees can be made legally or ethically to me of any procedure performed. I release Norris Animal Hospital and its associates from liability if something were to go wrong. Should an emergency arise calling for procedures in addition to , or different from those stated above, that such procedures will be performed. I agree to pay in full for all services rendered including those deemed necessary for medical and surgical complications or other unforeseen circumstances.

## **IN AN EMERGENCY SITUATION LIFE SAVING TREATMENT MAY BEGIN BEFORE OWNER CAN BE CONTACTED.**

### **Preanesthetic Panel**

I understand that it is of good ethical medicine to perform blood work on any animal undergoing anesthesia. I also understand that it is not required for animals under the age of 7. However, in animals over 7 years of age, it is highly recommended to help determine unforeseen diagnostic problems. I understand that if an unforeseen problem shows up on the blood work, an intravenous catheter may be placed, or the surgery may not be performed at that time. I understand that I am responsible for the cost of bloodwork.

Preanesthetic Panel    \_\_\_\_\_ **Approve**    \_\_\_\_\_ **Decline**

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA FORM.**

Signature of Pet Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_