

VETERINARY SPECIALTIES HOSPITAL AT THE LAKE

Date: _____

File No: _____

Client Name: _____

Contact Phone: _____

Patient Name: _____

SURGERY and/or SEDATION RELEASE FORM

Procedure requiring sedation/anesthesia: _____

Dr. Jane Barber and the entire staff at Veterinary Specialties Hospital at the Lake are committed to providing the best care for your pet. Every effort is taken to ensure that procedures requiring sedation and/or anesthesia are performed in the safest possible manner.

The doctors and staff strongly recommend preoperative blood work prior to all surgical procedures. Preoperative tests aid in the identification of any possible increased risk factors. Please initial next to the appropriate line regarding your pet's preoperative blood work:

_____ I request a complete screening panel (CBC, chemical profile, clotting test) to be performed.

_____ I request a minimal screening panel (PCV, kidney test, clotting test) to be performed.

_____ I decline all pre-anesthesia screening.

_____ Pre-anesthesia blood work was completed on _____ (VSL initials _____).

Veterinary Specialties Hospital at the Lake is committed to offering the very safest protocols for our patients. Our doctors and staff prefer to perform surgery using Sevoflurane inhalant anesthesia. This anesthesia has replaced the more common Isoflurane gas anesthesia in human hospitals. Sevoflurane is considered to be safer than Isoflurane as it has faster induction and recovery times, and is significantly less irritating to the mucous membranes. Please initial which anesthesia you wish us to use on your pet:

_____ Sevoflurane

_____ Sedation (Domitor, Glycopyrrolate, Torbugesic & Antisedan reversal agent)

To further safeguard your pet against any possible complications; please answer the following questions truthfully regarding your pet's medical history:

_____ Has your pet eaten today? If so, what time, and amount? _____

_____ Has your pet experienced any allergic reactions of any kind, If so, to what?

_____ Is your pet showing any sign of illness today (coughing, vomiting, diarrhea, etc.)? If so, what are the symptoms? _____

_____ Is your pet currently on any type of medications? If so, what is the name & dosage?

Additional services available please check any which may be performed while the patient is in our care:

_____ Permanent Identification (Microchip)*

_____ Heartworm test*

_____ Nail trim

_____ Feline Leukemia*

_____ Ear Cleaning

_____ Fecal*

_____ Teeth Cleaning*

_____ Other _____

******additional charges apply for these services******

If fleas are noted, Veterinary Specialties Hospital at the Lake will treat the patient appropriately. The owner is responsible for all associated treatment costs.

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Veterinary Specialties Hospital at the Lake, their doctors, agents, servants, and/or representatives full and complete authority to perform the surgical procedure described above. I fully understand that any sedation and/or anesthesia event involves some inherent risk to my pet and I will not hold any staff member of Veterinary Specialties Hospital at the Lake responsible. I understand that in the event of a complication, every effort will be made to stabilize and/or revive my pet. Payment is due in full at the time of service.

Signature of Owner: _____ Date: _____

Signature of Witness: _____ Date: _____