

**Animal Medical Center of Plano
Surgery and Anesthesia Release Form**

Owner's Name: _____ Pet's Name: _____

Time of last meal: _____ AM/PM Items left with Pet: _____

Procedure(s): _____

An IV catheter and fluids are required for each patient undergoing anesthesia, in order to provide quick access to the veins and maintain blood pressure in the event of an emergency. (\$54.34)

Is pet current on required vaccinations?

Dogs	RV, DHPP, KC	Y <input type="checkbox"/>	Date Given: _____	N <input type="checkbox"/>
Cats	RV, FVRCP-C	Y <input type="checkbox"/>	Date Given: _____	N <input type="checkbox"/>

Any time an animal undergoes anesthesia, pre-anesthetic blood screening is recommended as a precautionary measure to assess organ function before and after the procedure (regardless of age). Abnormal results may result in postponement or cancellation of procedure or further tests to evaluate the problem.

- Yes, please run pre-anesthetic blood work on my pet.
- No, I decline pre-anesthetic blood testing.

While your pet is safely anesthetized, would you like to add the following item:

- HomeAgain Microchip Implantation

Would you like an estimate for the surgery?

- Yes **** Please note: This is an estimate only. ****
- No, I'm comfortable with the doctor proceeding as discussed.

Complications, including death, may occur with any anesthetic, surgery, or procedure. Other complications, such as vomiting, wound infection/dehiscence may occur. There is NO guarantee of cure or successful outcome.

I, the undersigned owner or authorized agent, hereby authorize the admitting veterinarian (and his/her associates or assistants) to administer such treatment, surgery or anesthetics as are necessary to perform the above procedures, and additional procedures that are considered therapeutically and/or diagnostically necessary. I assume responsibility for all charges incurred on behalf of my pet and agree to pay all associated charges at the time of release of same. I hereby certify that I have read and understand the authorization.

Signature: _____ Date: _____

Print Name: _____ Contact #: _____