

Lake Travis Animal Hospital
Surgical/Dental Anesthesia Release Form
(Please READ and fill our ENTIRE FORM)

I, _____, hereby authorize Dr. _____
(Printed name of owner/agent) (Printed name of your pet's vet)

Whomever he may designate to his/her assistants, to perform upon, _____
(Printed name of your pet)

The following procedures: _____
(Procedure to be performed)

Should an emergency arise calling for procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable. I consent to the administration and use of anesthesia. I agree to pay in full all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The nature and purpose of the procedure, possible alternative methods of treatments, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made to the results that may be obtained. I understand that death of my pet could occur due to the use of anesthetics.

Your pet WILL be administered intravenous fluids.

IV fluids will help your pet maintain blood pressure, replace blood loss and aid in recovery. They also allow them to receive life saving drugs in case of an emergency.

Your pet will be administered pain management drugs.

Pain management will allow your pet to have a more comfortable and faster recovery. Pain management differs for every patient. Costs will vary as well. We believe controlling out patient's pain is important. For that reason, we will administer medication before, during and after your pet's medical procedure to control pain, reduce discomfort, and promote recovery.

PLEASE READ CAREFULLY AND INITIAL YOUR FOLLOWING CHOICES:

We encourage you to discuss these options with your Doctor to determine which options are appropriate for your pet.

I have been offered a pre-operative blood screen at a cost of \$112.00. This will inform the doctor of the condition of the liver, kidneys and the general health of my pet before performing the procedures.

_____ Lab work Approved

_____ Lab work Disapproved

I have been offered the option of having my pet implanted with a Home Again microchip for identification purposes. The cost of the procedure with registration is \$84.50.

_____ Implant the microchip

_____ Do not implant the microchip

Your pet will need antibiotics after the procedure. We can give a tablet to take home or, for your convenience, there is an injection that will last for 2 weeks. The injection does cost more in some cases. Please let us know if this is something you are interested in and we can give you accurate pricing.

_____ Interested

_____ Not interested

If your pet is having a **DENTAL PROCEDURE** performed, **PLEASE READ AND INITIAL YOUR CHOICES:**

_____ Do WHATEVER IS NEEDED to give my pet a healthy oral cavity

_____ Do only what I have authorized

_____ Please contact me before doing any additional procedures

If you can't be reached while my pet is under anesthesia, then. . .

_____ Perform whatever procedures and needed

_____ Do only what I have authorized

I understand that in some cases the doctor may not consider the pre-op lab work optional.

Signature _____ Date _____

I can be reached at the following numbers TODAY:

Work _____ Cell _____ Home _____