

Pet Name:

Weight:

Capstar: Y / N

Date:

Little House AH, Inc. SURGERY/ANESTHESIA Release Form

Owner's Name: _____ **Date:** _____

Pet's Name: _____ **Breed:** _____

Today's Phone Numbers: _____

***It is important for us to be able to reach you in case of an emergency or if we have questions concerning your pet*

E- Mail _____

SURGERY/PROCEDURE: _____

Like you, our greatest concern is the well-being of your pet. If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during the routine pre-anesthetic examinations. *To help avoid these potential problems, we **strongly** recommend that all surgery/anesthesia cases be screened prior to anesthesia by means of blood testing.* Your doctor may have already performed a comprehensive blood profile prior to surgery. If not, you may choose at this time to have an in-clinic Pre-Surgical Blood Profile performed.

In-House Mini Pre-Surgical Blood Profile: \$85.00

It is often less traumatic to have certain procedures done while under anesthesia. Please note any additional services you would like performed:

- Express Anal Glands (\$20.00)**
- Ear Cleaning (Minor - \$12.00, Moderate - \$15.00, Severe - \$20.00)**
- ResQ Microchip (\$44.00)**
- Dremel Nail Trim (\$20.00) or Regular Nail Trim (\$12.00)**

Post-operative pain management will be provided at the Doctor's discretion according to the individual pet's needs and appropriate charges will be applied.

If your pet is having periodontal therapy today:

In the event that I cannot be reached at the phone numbers listed above, I grant permission to the doctors at LHAH, Inc. to perform dental extractions as deemed medically necessary.

ANESTHESIA RELEASE

I, the undersigned, certify that I am the owner or authorized agent for the owner of the animal described above. I give Little House Animal Hospital, Inc. full and complete authority to perform the procedure(s) indicated above. I understand the procedure being performed involves the use of a sedative or anesthetic and that there is a minimal risk involved in their use. I am aware that my pet must be current on required vaccinations and must be free of external and internal parasites. Your pet will be given a CAPSTAR (\$6.00) to ensure that the pet(s) and the hospital remain flea free. Vaccinations and/or a bath will be given if necessary and I will be responsible for the appropriate charges. Your signature below indicates that you understand this policy and assume financial responsibility for all charges incurred.

Signature _____ **Date** _____